|  |
| --- |
| **LISTA DE VOTAÇÃO** |
| **[Preencher com nome da escola]** |

|  |  |
| --- | --- |
| **Turma:**  | **Data:** |
| **Responsável:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nº** | **Nome completo** | **Matrícula** | **Assinatura** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Assinatura do(a) responsável:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_