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

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

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| **Nº** | **Nome completo** | **Matrícula** | **Assinatura** |
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Assinatura do(a) responsável:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_