

SEAFARERS' WELFARE FUND

Certificate of School Attendance

Academic Year

This is to certify that
(Name of Child)

ward of
(Name of Seafarer)

is/was a **full time**/**part-time** student of
(Name of Institution)

in Grade/Year

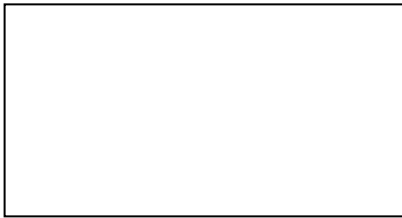
Secondary

Tertiary/Post Secondary

Vocational

(Tick as appropriate)

and has been regularly attending classes for period (semester start and end)



Signature:

Name :

Title :

Date :

Seal of Institution

1. In case the student has a high record of absences, please specify below and reason given for such absences

S.N	Month	No. of Absences	Reasons

2. Please note above attendance is required by the Seafarers' Welfare Fund for the payment of a financial assistance, payable to wards of seafarers, on 6 months' basis.
3. You may contact the Welfare Liaison Officer on 218 8949, should you need any further information.

N. B (This form is not valid without the proper signature and seal of the institution)