**Certificate of Attendance**

**KA2 – School Exchange Partnerships**

**Details of the visited school:**

Name:

Address:

Postal Code & Town:

Country:

This is to confirm that the following person(s), visiting from [name visiting school] in [city of the visiting school]

|  |  |
| --- | --- |
| **First name** | **Last name** |
|  |  |
|  |  |
|  |  |

has / have attended our school in the context of a

**Short-term exchange of groups of pupils / Long-term study mobility of pupils / Long-term teaching or training assignment / Short-term joint staff training event**

From dd-mm-yyyy until dd-mm-yyyy.

**Place, date**

**Signature of head of receiving school Stamp**