# Klassenbuch

Name und Ort der Schule

Klasse

Schuljahr

Klassenlehrer/in

Stellvertreter/in

## Fachlehrer/in

| Fach | Fachlehrer/in | Fach | Fachlehrer/in |
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**Stundenplan** _____ **gültig ab** _____

| Std./Zeit | Montag | | Dienstag | | Mittwoch | | Donnerstag | | Freitag | |
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| | Fach | R/L* | Fach | R/L* | Fach | R/L* | Fach | R/L* | Fach | R/L* |
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* Raum/Lehrer/in

**Stundenplan** _____ **gültig ab** _____

| Std./Zeit | Montag | | Dienstag | | Mittwoch | | Donnerstag | | Freitag | |
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| | Fach | R/L* | Fach | R/L* | Fach | R/L* | Fach | R/L* | Fach | R/L* |
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* Raum/Lehrer/in

**Schüler/innenverzeichnis**

| Nr | Anschrift | Telefonnummer/<br>Notfallnummer (N) | |
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**Schüler/innenverzeichnis**

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**Wichtige Adressen: Ärzte, Therapeuten, Ämter ...**

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