**ERASMUS+ 20…-20…**  
**School Education– GROUP mobility**

**Attendance Certificate**

This document has to be filled and signed by a representative of the *Host Institution / Organisation* and to be handed maximum two weeks after the learner’s return in [*name of the home institution*].

I, the undersigned

Title

from [*name of host institution/organisation, address*] hereby confirm that **the participants** mentioned in the list belowfrom [*name of the sending organisation*] have completed an Erasmus + mobility in the following activity type “Group mobility of school pupils”:

from (date of arrival : day/month/year)

till (date of departure : day/month/year)

**Participants list**

[Please note: if you have used a different format for the participants list, it will be accepted as long as it contains at least the same information as below and it is signed by representatives of the sending and hosting organisations.]

[You can add more lines to the tables, if needed.]

# Participants

|  |  |  |
| --- | --- | --- |
| **#** | **Full name** | **Organisation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

# Accompanying persons

|  |  |  |
| --- | --- | --- |
| **#** | **Full name** | **Organisation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

# Signatures

The signatories confirm that the participants list is correct and complete.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For sending organisation** | |  | **For hosting organisation** | |
| Full name: |  |  | Full name: |  |
| Position: |  |  | Position: |  |
| Date and place: |  |  | Date and place: |  |
| Signature: |  |  | Signature: |  |