**ANNEXURE D**

**SANITARY PADS PROGRAMME: SCHOOL DISRIBUTION REGISTER FOR SANITARY PADS**

**DISTRICT: NAME OF SCHOOL:**

**EMIS NO.: QUINTILE:**

**DELIVERY DATE TO SCHOOL: NUMBER OF PACKS RECEIVED:**

**MONTH OF DISTRIBUTION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **NAME OF LEARNER** | **GRADE** | **AGE** | **QUANTITY RECEIVED** | **SIGNATURE OF THE LEARNER** | **DATE OF RECEIPT** |
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**Name of educator/s responsible for dist**

**School Stamp**

**Principal:**

***NB: SUBMIT ONE COPY TO THE SNES SUBDIRECTORATE AT DISTRICT OFFICE***