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| Prefectura del Municipio de São PauloSecretaría Municipal de EducaciónDirección Regional de Educación  |
| **FICHA DE MATRÍCULA – ENSEÑANZA PRIMARIA REGULAR** |

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### Nombre Completo del Alumno

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Sexo Fecha de Nacimiento Nacionalidad

M – Masculino F – Femenino

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### Estado Ciudad Fecha de Entrada en el País

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País de Origen

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Raza / Color Discapacidad (S/N) Tipo de Discapacidad

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| Raza / Color | 1 = Blanca, 2 = Negra, 3 = Parda, 4 = Amarilla, 5 = Indígena, 6 = No Declarada 7 = Se Negó a Informar |
| Discapacidad | 1 = Altas Habilidades; 2 = Autismo; 5 = Sordera Moderada ; 6 = Sordera Profunda; 7 = Física; 8 = Mental; 9 = Múltiple; 11 = Ceguera; 12 = Baja Visión; 14 = Sordo-ceguera; 16 = Trastorno Desintegrativo de la Infancia; 17 = Síndrome de Asperger; 18 = Síndrome de Rettt |

 **Documentos del Alumno**

Número del Certificado de Nacimiento

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Municipio de la Comarca del Certificado Distrito del Certificado de Nacimiento Estado

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Fecha de Emisión del Certificado Clave Fiscal – Registro de Personas Físicas DC – Clave Fiscal NIS – Número de Identificación Social – Alumno

RG del Alumno o RNE (Identidad de Extranjero) del Alumno Extranjero DC – RG Estado – RG Fecha de Emisión del RG Órgano Emisor

Motivo

Justificación Falta de Documentación: **MOTIVO 1** – El(La) alumno(a) no posee los documentos solicitados

 **MOTIVO 2** – La escuela no recibió los documentos personales del(de la)
alumno(a)

 **Dirección del Alumno**

Dirección (Nombre Completo de la Calle – Calle, Avenida, Plaza etc.)

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N° Complemento Barrio Ciudad Estado CEP

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**Actualización de Dirección del Alumno**

Dirección (Nombre Completo de la Calle – Calle, Avenida, Plaza etc.)

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**Filiación 1**

Filiación 1 – Nombre Completo (Sin Abreviar)

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Nacionalidad País de Nacimiento Sexo Fallecido

M – Masculino F – Femenino

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Nombre de la Madre del Responsable Fecha de Nacimiento de la Madre del Responsable

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## Filiación 2

### Filiación 2 – Nombre Completo (Sin Abreviar)

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Nacionalidad País de Nacimiento Sexo Fallecido

M – Masculino F – Femenino

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No Consta en el Documento

Nombre de la Madre del Responsable Fecha de Nacimiento de la Madre del Responsable

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## Responsable Legal

### Nombre del Responsable (Sin Abreviar)

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Nombre de la Madre del Responsable Fecha de Nacimiento de la Madre del Responsable

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## Contactos

### Teléfono de la Filiación 1

**Residencial Trabajo Personal**

DDD ( ) Celular ( ) Fijo ( ) DDD ( ) Celular ( ) Fijo ( ) DDD ( ) Celular ( ) Fijo ( )

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Periodo: Mañana ( ) Tarde ( ) Noche ( ) Periodo: Mañana ( ) Tarde ( ) Noche ( ) Periodo: Mañana ( ) Tarde ( ) Noche ( )

### Teléfono de la Filiación 2

DDD ( ) Celular ( ) Fijo ( ) DDD ( ) Celular ( ) Fijo ( ) DDD ( ) Celular ( ) Fijo ( )

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Periodo: Mañana ( ) Tarde ( ) Noche ( ) Periodo: Mañana ( ) Tarde ( ) Noche ( ) Periodo: Mañana ( ) Tarde ( ) Noche ( )

### Teléfono del Responsable

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Periodo: Mañana ( ) Tarde ( ) Noche ( ) Periodo: Mañana ( ) Tarde ( ) Noche ( ) Periodo: Mañana ( ) Tarde ( ) Noche ( )

DDD ( ) Celular ( ) Fijo ( )

Teléfono para Recado Nombre p/ Recado Parentesco Periodo: Mañana ( ) Tarde ( ) Noche ( )

DDD ( ) Celular ( ) Fijo ( )

Teléfono para Recado Nombre p/ Recado Parentesco Periodo: Mañana ( ) Tarde ( ) Noche ( )

### E-mail del Alumno

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E-mail de los Padres o Responsable

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No Autorizo el Envío de Mensajes

**Matrícula**

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| **Año** | **Grupo** | **Firma del Responsable** | **Firma del Director** | **Fecha** |
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**Transferencia / Desistencia**

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| **Fecha****a** | **Motivo** | **Firma del Responsable** | **Firma del Secretario** |
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**Dispensa de Educación Física (Decreto-Ley n° 1044/69/Ley 10793/2003 modifica el § 3º del Art. 26 de la LDB)**

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| **Año** | **Motivo** | **Firma Responsable** | **Firma Profesor** | **OBS** |
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## Clasificación / Reclasificación

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| **Año** | **CA / CT / S** | **Procedimiento** | **Firma del Responsable** | **Firma del Director** |
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**Procedencia**

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| **ESCUELA** |  | **MODALIDAD** |  | **RENDIMIENTO** |
| 1. Alumno frecuentó escuela fuera del País ( )
2. Alumno no frecuentó escuela en el año anterior ( )
3. Alumno nunca frecuentó escuela ( )
4. Escuela particular en el Estado de São Paulo ( )
5. Escuela particular fuera del Estado de São Paulo ( )
6. Escuela Pública en el Municipio de São Paulo ( )
7. Escuela Pública en el Estado de São Paulo ( )
8. Escuela Pública fuera del Estado de São Paulo ( )
9. Misma Escuela ( )
10. MOVA ( )
 |   | 1. Misma Modalidad ( )
2. Ed. Especial ( )
3. Enseñanza Primaria Regular ( )
4. Enseñanza Secundaria ( )
5. EJA – Primaria ( )
6. EJA – Secundaria ( )
7. Inexistente ( ) – No Frecuentó Escuela en el Año Anterior

8. MOVA ( ) |  | 1. Aprobado ( )
2. Inexistente ( ) – No Frecuentó Escuela en el Año Anterior
3. Repitente – Abandono ( )
4. Repitente – Evaluación ( )
5. Verificación de Escolaridad / Clasificación ( )
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| **Recibí la Certificación de Notas** | Firma: Fecha: / /  |