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| Municipality of São PauloDepartment of EducationRegional Board of Education  |
| **ENROLLMENT FORM – STANDARD PRIMARY SCHOOL** |

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| **School Unit** | **STUDENT REGISTRY (RA)** |  |  |  |  |  |  |  |  | EOL (Online Education) Code |  |  |  |  |  |  |

### Student’s Full Name

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Sex Date of Birth Nationality

M – Male
F – Female

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### State City Date of Entry into the Country

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Country of Origin

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Race / Color Disability (Y / N) Type of Disability

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| Race / Color | 1 = White, 2 = Black, 3 = Mixed Race, 4 = Asian, 5 = Indigenous, 6 = Not Stated 7 = Declined to Provide |
| Disability | 1 = High Abilities; 2 = Autism; 5 = Moderate Deafness ; 6 = Profound Deafness; 7 = Physical; 8 = Mental; 9 = Multiple; 11 = Blindness; 12 = Vision Impairment; 14 = Deaf Blindness; 16 = Childhood Disintegrative Disorder; 17 = Asperger’s Syndrome; 18 = Rett Syndrome |

 **Student’s Documents**

Birth Certificate Number

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County Municipality of Certification District of Birth Certificate State

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Issue Date of Certificate CPF – Individual Taxpayer’s Registry County – CPF NIS – Social Identification Number – Student

Student’s RG or Foreign Student’s RNE (Foreigner ID) County – RG State – RG Issue Date of RG Issuing Authority

Reason

Justification for Lack of Documentation: **REASON 1** – The student does not have the required documents

 **REASON 2** – The school has not received the student’s personal documents

 **Student’s Address**

Address (Complete Address – Street, Avenue, Plaza etc.)

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No. Address Line 2 Neighborhood

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City State Zip Code (CEP)

**Student’s Updated Address**

Address (Complete Address – Street, Avenue, Plaza etc.)

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No. Address Line 2 Neighborhood

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City State Zip Code (CEP)

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**Parent 1**

Parent 1 – Full Name (No Abbreviations)

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Nationality Country of Birth Sex Deceased

M – Male
F – Female

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Name of Guardian’s Mother Date of Birth of Guardian’s Mother

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## Parent 2

### Parent 2 – Full Name (No Abbreviations)

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Nationality Country of Birth Sex Deceased

M – Male
F – Female

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Does Not Appear in the Document

Name of Guardian’s Mother Date of Birth of Guardian’s Mother

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## Legal Guardian

### Name of Guardian (No Abbreviations)

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Name of Guardian’s Mother Date of Birth of Guardian’s Mother

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## Contacts

### Parent 1 Phone Number

**Home Work Personal**

Area Code ( ) Cell ( ) Landline ( ) Area Code ( ) Cell ( ) Landline ( ) Area Code ( ) Cell ( ) Landline ( )

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Period: Mornings ( ) Afternoons ( ) Evenings ( ) Period: Mornings ( ) Afternoons ( ) Evenings ( ) Period: Mornings ( ) Afternoons ( ) Evenings ( )

### Parent 2 Phone Number

Area Code ( ) Cell ( ) Landline ( ) Area Code ( ) Cell ( ) Landline ( ) Area Code ( ) Cell ( ) Landline ( )

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Period: Mornings ( ) Afternoons ( ) Evenings ( ) Period: Mornings ( ) Afternoons ( ) Evenings ( ) Period: Mornings ( ) Afternoons ( ) Evenings ( )

### Guardian Phone Number

Area Code ( ) Cell ( ) Landline ( ) Area Code ( ) Cell ( ) Landline ( ) Area Code ( ) Cell ( ) Landline ( )

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Period: Mornings ( ) Afternoons ( ) Evenings ( ) Period: Mornings ( ) Afternoons ( ) Evenings ( ) Period: Mornings ( ) Afternoons ( ) Evenings ( )

Area Code ( ) Cell ( ) Landline ( )

Phone Number for Message Name for Message Relation Period: Mornings ( ) Afternoons ( ) Evenings ( )

Area Code ( ) Cell ( ) Landline ( )

Phone Number for Message Name for Message Relation Period: Mornings ( ) Afternoons ( ) Evenings ( )

### Student Email

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Email of Parent or Guardian

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Not Authorized To Send Messages

**Registration**

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| **Year** | **Class** | **Signature of Guardian** | **Signature of Principal** | **Date** |
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**Transfer / Withdrawal**

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| **Date** | **Reason** | **Signature of Guardian** | **Signature of Secretary** |
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**Exemption from Physical Education (Decree-Law No. 1044/69/Law 10793/2003 amended by §3 of Art. 26 of the LDB (Rights to Public Education))**

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| **Year** | **Reason** | **Guardian Sig.** | **Teacher Sig.** | **NOTE** |
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## Classification / Reclassification

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| **Year** | **CA / CT / S** | **Procedure** | **Signature of Guardian** | **Signature of Principal** |
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**Origin**

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| **SCHOOL** |  | **TYPE** |  | **PERFORMANCE** |
| 1. Student attended school outside the country ( )
2. Student did not attend school the previous year ( )
3. Student never attended school ( )
4. Private school in the State of São Paulo ( )
5. Private school outside the State of São Paulo ( )
6. Public School in the Municipality of São Paulo ( )
7. Public School in the State of São Paulo ( )
8. Public School outside the State of São Paulo ( )
9. Same School ( )
10. MOVA ( )
 |  | 1. Same Type ( )
2. Special Ed. ( )
3. Standard Elementary School ( )
4. Secondary School ( )
5. EJA (Youth / Adult Education Elementary)

( )1. EJA – Secondary ( )
2. Not Applicable ( ) – Did not attend school the previous year
3. MOVA ( )
 |  | 1. Passed ( )
2. Not Applicable ( ) – Did not attend school the previous year
3. Repeated – Dropped out ( )
4. Repeated – Grades ( )
5. Verification of Schooling / Classification ( )
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| **Received the School Transcript** | Signature: Date: / /  |