**Unidad Educacional** Código EOL (Educación en Línea)

**Nombre Completo del Candidato** (Sin Abreviar)

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Sexo Fecha de Nacimiento Nacionalidad M – Masculino

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F – Femenino

Estado Ciudad Fecha de Entrada en el País

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Municipio de la Comarca del Certificado Distrito del Certificado de Nacimiento Estado Fecha de Emisión del Certificado Clave Fiscal – Registro de Personas Físicas DC – Clave Fiscal NIS – Número de Identificación Social – Alumno

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RG (Documento de Identidad) del Candidato DC – RG Estado – RG Fecha de Emisión del RG Órgano Emisor

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RNE (Identidad de Extranjero) ¿Presentó Documento RNE? Motivo

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Justificación Falta de Documentación: **MOTIVO 1** – El(La) alumno(a) no posee los documentos solicitados ¿Niño con Discapacidad? ¿Cuál?

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

**Dirección Residencial del Alumno** (Nombre Completo de la Calle – Calle, Avenida, Plaza etc.)

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Barrio Ciudad CEP

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**Dirección Indicativa – Cuando Hubiere** (Nombre Completo de la Calle – Calle, Avenida, Plaza etc.)

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**Dirección Opcional – Cuando Hubiere** (Nombre Completo de la Calle – Calle, Avenida, Plaza etc.)

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**Filiación 1 –** Nombre Completo (Sin Abreviar)

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RG – Documento de Identidad DC – RG Estado Clave Fiscal – Registro de Personas Físicas DC – Clave Fiscal Sexo M – Masculino

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F – Femenino

Nacionalidad País de Nacimiento

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Dirección del Trabajo Filiación **1** (Nombre Completo de la Calle – Calle, Avenida, Plaza etc.)

Fallecido

Barrio Ciudad CEP

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

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Prefectura del Municipio de São Paulo Secretaría Municipal de Educación

Dirección Regional de Educación

**COMPROBANTE PROVISORIO DE REGISTRO EDUCACIÓN INFANTIL**

Cuño de la Unidad Educacional



Unidad Educacional:

Nombre del Candidato:

Fecha del Registro: / / Nombre del Empleado Responsable:

**El padre / madre / o responsable deberá regresar a la escuela después de 2 días de la fecha del registro para retirar el Protocolo Definitivo.**

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

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RG – Documento de Identidad DC – RG Estado Clave Fiscal – Registro de Personas Físicas DC – Clave Fiscal Sexo M – Masculino

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F – Femenino

Nacionalidad País de Nacimiento

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Dirección del Trabajo Filiación 2(Nombre Completo de la Calle – Calle, Avenida, Plaza etc.)

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Barrio Ciudad CEP

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

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**Nombre del Responsable** (Sin Abreviar)

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RG – Documento de Identidad DC – RG Estado Clave Fiscal del Responsable – Registro de Personas Físicas DC – Clave Fiscal

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

Barrio Ciudad CEP

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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

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 ( )

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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| Envío de Mensajes |  | No Autorizo Envío de Mensajes |

## Datos para Contacto en la Dirección Indicativa

Teléfonos (Indicativo)

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### Residencial Recado

DDD ( ) Celular ( ) Fijo ( ) DDD ( ) Celular ( ) Fijo ( ) Nombre p/ Recado

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