**Unité Éducationnelle** Code EOL

**Nom Complet du Candidat** (Sans Abréviation)

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Sexe Date de Naissance Nationalité

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M – Masculin

F – Féminin

État Ville Date d’Entrée dans le Pays

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Pays d’Origine

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RACE / COULEUR:

J – JAUNE B – BLANCHE I – INDIGÈNE M – MULÂTRE N – NOIRE ND – NON DÉCLARÉE R – REFUSÉ D’INFORMER

Numéro de l’Acte de Naissance

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Municipalité du Département de l’Acte de Naissance District de l’Acte de Naissance U.F. Date d’Émission de l’Acte de Naissance CPF – Cadastre de Personnes Physiques DC – CPF NIS – Numéro d’Identification Sociale – Élève

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RG du Candidat DC – RG U.F. – RG Date d’Émission du RG Organisme Émetteur

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RNE (Pièce d’Identité de l’Étranger) Document RNE présenté? Motif

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Justification Manque de Documentation: **MOTIF 1** – L’étudiant(e) n’a pas les documents demandés Enfant Handicapé? Quel Handicap?

**MOTIF 2** – L’école n’a pas reçu les documents personnels de l'élève

**Adresse Résidentielle de l’Élève** (Nom Complet du Lieu – Rue, Avenue, Place etc.)

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Quartier Ville CEP

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**Adresse Indicative – S’il y en a** (Nom Complet du Lieu – Rue, Avenue, Place etc.)

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Quartier Ville CEP

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**Adresse Facultative – S’il y en a** (Nom Complet du Lieu – Rue, Avenue, Place etc.)

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**Parents 1 –** Nom Complet (Sans Abréviation)

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RG – Pièce d’Identité DC – RG U.F. CPF – Cadastre de Personnes Physiques DC – CPF Sexe M – Masculin

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F – Féminin

Nationalité Pays de Naissance

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Adresse du Travail Parents **1** (Nom Complet du Lieu – Rue, Avenue, Place etc.)

Décédé

Quartier Ville CEP

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Nom de la Mère du Responsable Date de Naissance de la Mère du Responsable

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Mairie Municipal de São Paulo Secrétariat Municipal de l’Éducation

Direction Régionale de l’Éducation

**ATTESTATION PROVISOIRE D’IMMATRICULATION À L’ÉDUCATION INFANTILE**

Tampon de l’Unité Éducationnelle



Unité Éducationnelle:

Nom du Candidat:

Date de l'Enregistrement: / / Nom du Fonctionnaire Responsable:

**Le père / mère / ou responsable est tenu(e) de retourner à l’école après 2 jours de la date de l’enregistrement pour retirer le Protocole Définitif.**

**Parents 2 –** Nom Complet (Sans Abréviation)

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RG – Pièce d’Identité DC – RG U.F. CPF – Cadastre de Personnes Physiques DC – CPF Sexe M – Masculin

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F – Féminin

Nationalité Pays de Naissance

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Adresse du Travail Parents 2(Nom Complet du Lieu – Rue, Avenue, Place etc.)

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Quartier Ville CEP

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Nom de la Mère du Responsable Date de Naissance de la Mère du Responsable

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**Nom du Responsable** (Sans Abréviation)

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RG – Pièce d’Identité DC – RG U.F. CPF du Responsable l Cadastre de Personnes Physiques DC – CPF Adresse du Travail du Responsable (Nom Complet du Lieu – Rue, Avenue, Place etc.)

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Quartier Ville CEP

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Nom de la Mère du Responsable Date de Naissance de la Mère du Responsable

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## Contacts

Téléphone des Parents 1

### Résidentiel Travail Personnel

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Période: Matin ( ) Après-midi ( ) Soir ( ) Période: Matin ( ) Après-midi ( ) Soir ( ) Période: Matin ( ) Après-midi ( ) Soir ( )

Téléphone des Parents 2

DDD ( ) Portable ( ) Fixe ( ) DDD ( ) Portable ( ) Fixe ( ) DDD ( ) Portable ( ) Fixe ( )

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Période: Matin ( ) Après-midi ( ) Soir ( ) Période: Matin ( ) Après-midi ( ) Soir ( ) Période: Matin ( ) Après-midi ( ) Soir ( )

Téléphone du Responsable

DDD ( ) Portable ( ) Fixe ( ) DDD ( ) Portable ( ) Fixe ( ) DDD ( ) Portable ( ) Fixe ( )

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Période: Matin ( ) Après-midi ( ) Soir ( ) Période: Matin ( ) Après-midi ( ) Soir ( ) Période: Matin ( ) Après-midi ( ) Soir ( )

DDD ( ) Portable ( ) Fixe ( )

Téléphone pour Message Nom pour Message Lien de Parenté Période: Matin ( ) Après-midi ( ) Soir ( )

DDD ( ) Portable ( ) Fixe ( )

Téléphone pour Message Nom pour Message Lien de Parenté Période: Matin ( ) Après-midi ( ) Soir ( )

E-mail de l’Élève

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E-mail des Parents ou Responsable

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| Envoi de Messages |  | Je n’autorise pas l’envoi de messages |

## Données pour Contact à l'Adresse Indicative

Téléphones (Indicatif)

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### Résidentiel Message

DDD ( ) Portable ( ) Fixe ( ) DDD ( ) Portable ( ) Fixe ( ) Nom pour Message

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