**School Unit** EOL (Online Education) Code

**Applicant’s Full Name** (no abbreviations)

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Sex Date of Birth Nationality

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M – Male

F – Female

State City Date of Entry into the Country

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Country of Origin

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RACE/COLOR:

A – ASIAN W – WHITE I – INDIGENOUS M – MIXED RACE B – BLACK N – NOT STATED D – DECLINED TO PROVIDE

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

Applicant RG County – RG State RG Issue Date of RG Issuing Authority

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RNE (Foreigner ID) RNE is Document Submitted? Reason

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Justification for Lack of Documentation: **REASON 1** – The student does not have the required documents Does the Child have a Disability? Please Give

 Details:

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

**Student’s Residential Address** (Complete Address – Street, Avenue, Plaza etc.)

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District City CEP (Zip code)

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**Given Address — When Available** (Complete Address – Street, Avenue, Plaza etc.)

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District City CEP (Zip code)

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**Optional Address – When Available** (Complete Address – Street, Avenue, Plaza etc.)

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District City CEP (Zip code)

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**Parent 1 –** Full Name (No Abbreviations)

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RG – Identity Card County – RG STATE CPF – Individual Taxpayer’s Registry County – CPF Sex M – Male

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F – Female

Nationality Country of Birth

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Work Address for Parent **1** (Complete Address – Street, Avenue, Plaza etc.)

 Deceased

District City Zip Code (CEP)

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

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Municipality of São Paulo
Department of Education

Regional Board of Education

**PROVISIONAL STATEMENT OF KINDERGARTEN ENROLLMENT**

Stamp of School Unit



School Unit:

Name of Applicant:

Date of Enrollment: / / Name of School Official:

**The mother / father or guardian must return to school after 2 days from the date of enrollment to retrieve the Definitive Protocol.**

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

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RG – Identity Card County – RG State CPF – Individual Taxpayer’s Registry County – CPF Sex M – Male

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F – Female

Nationality Country of Birth

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Work Address for Parent 2(Complete Address – Street, Avenue, Plaza etc.)

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District City Zip Code (CEP)

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

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**Name of Guardian** (No Abbreviations)

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RG – Identity Card County – RG State Guardian’s CPF – Individual Taxpayer’s Registry County – CPF

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Work Address of Guardian (Complete Address – Street, Avenue, Plaza etc.)

District City Zip Code (CEP)

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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 ( )

#

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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| Send Messages |  | Not Authorized To Send Messages |

## Contact Information on Given Address

Phone Numbers (Given)

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### Home Message

Area Code ( ) Cell ( ) Landline ( ) Area Code ( ) Cell ( ) Landline ( ) Name for Message

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