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| Prefectura del Municipio de São Paulo  Secretaría Municipal de Educación  Dirección Regional de Educación | |
| **FICHA DE MATRÍCULA – EDUCACIÓN INFANTIL** | |
| **Unidad Educacional** | Código EOL (Educación en Línea) |

Nombre Completo del Alumno

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Sexo Fecha de Nacimiento Nacionalidad

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M – Masculino F – Femenino

Estado Ciudad Fecha de Entrada en el País

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## Documentos

Número del Certificado de Nacimiento

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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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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)

## Filiación / Responsable Legal

Filiación 1 – Nombre Completo (Sin Abreviar)

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

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M – Masculino F – Femenino

Nacionalidad País de Nacimiento

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

N° Complemento Barrio

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

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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

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M – Masculino 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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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 – Responsable (Nombre Completo de la Calle – Calle, Avenida, Plaza etc.)

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Ciudad Estado CEP

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

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## Dirección del Alumno

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

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## Dirección Indicativa del Alumno – Cuando Hubiere

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

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Ciudad Estado CEP

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## Dirección Opcional del Alumno – Cuando Hubiere

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

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## Dirección de la Leche

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

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## Contactos

Teléfono de la Filiación 1

Teléfono de la Filiación 2

Teléfono del Responsable

### Residencial Trabajo Personal

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

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Período: Mañana ( ) Tarde ( ) Noite ( ) Período: Mañana ( ) Tarde ( ) Noite ( ) Período: Mañana ( ) Tarde ( ) Noite ( ) DDD ( ) Celular ( ) Fijo ( ) DDD ( ) Celular ( ) Fijo ( ) DDD ( ) Celular ( ) Fijo ( )

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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

No Autorizo el

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Envío de Mensajes

## Datos para Contacto en la Dirección Indicativa

Teléfonos (Indicativo)

### Residencial Recado

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

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## Matrícula

Opción de Turno

1 – Parcial 2 – Integral

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| **Matrícula –** (Régimen de Permanencia: 4h, 5h, 6h, 8h, o 10h) | | | | | |
| **Año** | **Reg. de Permanencia** | **Clase / Etapa** | **Firma del Responsable** | **Firma del Director** | **Fecha** |
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| **Desistencia / Baja en la Matrícula** | | | | |
| **Año** | **Motivo** | **Firma del Responsable** | **Firma del Director** | **Fecha** |
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Niño con Discapacidad / Altas Habilidades / Trastorno Global del Desarrollo? No Sí ¿Cuál? (Apuntar con una X la(s) opción(es) indicada(s) por el Responsable)

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|  | **DESCRIPCIÓN** |  | **DESCRIPCIÓN** |
|  | Autismo |  | Sordera Ligera / Moderada |
|  | Baja Visión o Visión Subnormal |  | Sordera Severa / Profunda |
|  | Ceguera |  | Sordo-ceguera |
|  | Discapacidad Física Minusválido |  | Trastorno Desintegrativo de la Infancia |
|  | Discapacidad Física no Minusválido |  |  |
|  | Discapacidad Intelectual |  |  |
|  | Síndrome de Asperger |  |  |
|  | Síndrome de Rett |  |  |

## Responsables

Personas autorizadas a llevar / recoger al niño al / del CEI / Guardería / EMEI e indicada por los padres, como responsables substitutos ante la ausencia de estos

Nombre del Responsable:

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

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

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Nombre del Responsable:

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

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| Fecha |  |  |  |  |  |  |  |  |  |  | Nombre del Empleado Responsable |

Firma del Responsable