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| Mairie Municipal de São Paulo Secrétariat Municipal de l’ÉducationDirection Régionale de l’Éducation  |
| **FICHE D’IMMATRICULATION – ÉDUCATION INFANTILE** |
| **Unité Éducationnelle** | Code EOL |

Nom Complet de l’Élève

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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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## Documents

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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Motif

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

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

## Parents / Responsable Légal

Parents 1 – Nom Complet (Sans Abréviation)

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

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M – Masculin

F – Féminin

Nationalité Pays de Naissance

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

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

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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

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

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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 – Cadastre de Personnes Physiques DC – CPF

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

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Ville U.F. CEP

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

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## Adresse de l’Élève

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

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## Adresse Indicative de l’Élève – S’il y en a

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

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Ville U.F. CEP

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## Adresse Facultative de l’Étudiant – S’il y en a

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

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## Adresse du Lait

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

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## Contacts

Téléphone des Parents 1

Téléphone des Parents 2

Téléphone du Responsable

### Résidentiel Travail Personnel

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

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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

Je n’autorise pas

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l’envoi de messages

## Données pour Contact à l’Adresse Indicative

Téléphones (Indicatif)

### Résidentiel Message

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

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## Immatriculation

Option de Séjour

1 – Partiel 2 – Intégral

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| **Immatriculation** (Régime de Séjour: 4h, 5h, 6h, 8h ou 10h) |
| **Année** | **Régime de Séjour** | **Classe / Stage** | **Signature du Responsable** | **Signature du Directeur** | **Date** |
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| **Retrait / Annulation de l’Immatriculation** |
| **Année** | **Motif** | **Signature du Responsable** | **Signature du Directeur** | **Date** |
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Enfant Handicapé / Hautes Compétences / Trouble Global du Développement? Non Oui Lequel? (Signaler avec um X la(les) option(s) indiquée(s) par le Responsable)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DESCRIPTION** |  | **DESCRIPTION** |
|  | Autisme |  | Surdité Légère / Modérée |
|  | Basse Vision ou Vision au Dessous du Normal |  | Surdité Sévère / Profonde |
|  | Cécité |  | Surdicécité |
|  | Handicap Physique Fauteuil Roulant |  | Trouble Désintégratif de l’Enfant |
|  | Handicap Physique Sans Fauteuil Roulant |  |  |
|  | Déficience Intellectuelle |  |  |
|  | Syndrome d’Asperger |  |  |
|  | Syndrome de Rett |  |  |

## Responsables

Personnes autorisées à déposer / retirer l’enfant au / du CEI / Crèche / EMEI et indiquées par les parents en tant que responsables remplaçants dans l’absence de ces dernières)

Nom du Responsable:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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RG – Pièce d’Identité DC – RG U.F. CPF – Cadastre de Personnes Physiques DC – CPF

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| Téléphone du Responsable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Nom du Responsable:

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

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Nom du Responsable:

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

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| Date |  |  |  |  |  |  |  |  |  |  | Nom du Fonctionnaire Responsable |

Signature du Responsable