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| Municipality of São Paulo  Department of Education  Regional Board of Education | |
| **ENROLLMENT FORM – KINDERGARTEN** | |
| **School Unit** | EOL (Online Education) Code |

Student’s Full Name

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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 A – ASIAN W – WHITE I – INDIGENOUS M – MIXED-RACE B – BLACK

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## Documents

Birth Certificate Number

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County Municipality of Certification District of Birth Certificate State Issue Date of Certificate CPF – Individual Taxpayer’s Registry County – CPF NIS – Social Identification Number – Student

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

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RNE (Foreigner ID) RNE is the Document Submitted? Reason

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Reason

Justification for Lack of Documentation: **REASON 1** – The student does not have the required documents

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

## Parent / Legal Guardian

Parent 1 – Full Name (No Abbreviations)

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

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M – Male

F – Female

Nationality Country of Birth

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

No. Address Line 2 Neighborhood

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City State Zip Code (CEP)

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

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Parent 2 – Full Name (No Abbreviations)

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

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M – Male

F – Female

Nationality Country of Birth

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

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No. Address Line 2 Neighborhood

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City State 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 – Guardian (Complete Address – Street, Avenue, Plaza etc.)

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No. Address Line 2 Neighborhood

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City State Zip Code (CEP)

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

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## Student’s Address

Address (Complete Address – Street, Avenue, Plaza etc.)

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City State Zip Code (CEP)

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## Given Student Address — When Available

Address (Complete Address – Street, Avenue, Plaza etc.)

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City State Zip Code (CEP)

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## Optional Student Address – When Available

Address (Complete Address – Street, Avenue, Plaza etc.)

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No. Address Line 2 Neighborhood

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City State Zip Code (CEP)

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## Milk Delivery Address

Address (Complete Address – Street, Avenue, Plaza etc.)

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No. Address Line 2 Neighborhood

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City State Zip Code (CEP)

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## Contacts

Parent 1 Phone Number

Parent 2 Phone Number

Guardian Phone Number

### Home Work Personal

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 ( ) Area Code ( ) Cell ( ) Landline ( ) Area Code ( ) Cell ( ) Landline ( )

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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

Not Authorized

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To Send Messages

## Contact Information on Given Address

Phone Numbers (Given)

### Home Message

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

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## Registration

Class Option

1 – Part-time 2 – Full-time

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| **Registration –** (Time Spent in School: 4hrs, 5hrs, 6hrs, 8hrs, or 10hrs) | | | | | |
| **Year** | **Time Spent in School** | **Class / Course** | **Signature of Guardian** | **Signature of Principal** | **Date** |
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| **Withdrawal / Low Enrollment In** | | | | |
| **Year** | **Reason** | **Signature of Guardian** | **Signature of Principal** | **Date** |
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Child with Disabilities / High Abilities / Global Developmental Disorder? No Yes Please Clarify Further: (Mark the Selection Given by the Guardian with an X)

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|  | **DESCRIPTION** |  | **DESCRIPTION** |
|  | Autism |  | Mild / Moderate Deafness |
|  | Vision Impairment |  | Severe Deafness |
|  | Blindness |  | Deaf Blindness |
|  | Physically Disabled with Wheelchair uUsingwithWheelchairUsinWheelchair |  | Childhood Disintegrative Disorder (CDD) |
|  | Non-Wheelchair Physical Disability |  |  |
|  | Intellectual Disability |  |  |
|  | Asperger’s Syndrome |  |  |
|  | Rett Syndrome |  |  |

## Guardians

Persons authorized to bring / pick up the child from / to the CIS / Day Care Center / Pre-K Public Schools and named as substitute guardians by the parents in their absence

Name of the Guardian:

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Guardian Phone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Name of the Guardian:

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

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| Guardian Phone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Name of the Guardian:

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

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| Guardian Phone Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date |  |  |  |  |  |  |  |  |  |  | Name of School Official |

Signature of School Official