SOLICITUD **1ER CICLO DE EDUCACIÓN INFANTIL**

**CURSO 19-20**

1. DATOS PERSONALES:

 PRIMER APELLIDO SEGUNDO APELLIDO NOMBRE

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 FECHA NACIMIENTO SEXO

 DÍA MES AÑO Nº HERMANOS TELÉFONOS V M NACIONALIDAD

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 *(MARQUE CON UNA X)*

 DOMICILIO HABITUAL LOCALIDAD MUNICIPIO

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B) DATOS FAMILIARES:

B.1. PADRE/TUTOR

 NOMBRE Y APELLIDOS D.N.I.

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| Dirección de correo electrónico |  |

B.2. MADRE/TUTORA

 NOMBRE Y APELLIDOS D.N.I.

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| Dirección de correo electrónico |  |

B.3. HERMANOS/AS EN EL CENTRO

 NOMBRE Y APELLIDOS CURSO Y ETAPA

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1. **DATOS DE ESCOLARIZACIÓN:**

 CENTRO DE PROCEDENCIA LOCALIDAD

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 CURSO QUE SOLICITA

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| 1ER CICLO DE EDUCACIÓN INFANTIL |  |
|  *0-1* *AÑOS* |  |  |  |  *1-2 AÑOS* |  |  |  |  *2-3**AÑOS* |  |  |  |  |

*(MARQUE CON UNA X)*

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| Firma del padre , madre, tutor/aFecha: |  (Sello del Centro) |

OBSERVACIONES:

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