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| **Apellido y Nombre del Alumno** | | | |  | | | | | | | | | |
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| DNI |  | | Fecha de Nac. | | |  | | | | Edad |  | | |
| Lugar de Nacimiento | |  | | | | | Nacionalidad | |  | | | | |
| Domicilio | |  | | | | | | | | | | C. Postal |  |
| Tel. Casa | |  | | | Tel. Celular | | |  | | | | | |
| e-mail | |  | | | | | | | | | | | |
| Curso de matriculación | |  | | | | | | | | | | | |
| Materias que adeuda | |  | | | | | | | | | | | |

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| **Apellido y Nombre de la Madre** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| DNI | |  | | | | | | Fecha de Nac. | | | | |  | | | | | Nacionalidad | | | | |  | | | | | | | | |
| Domicilio | | | |  | | | | | | | | | | | | | | | | | | | | | | | C. Postal | | | |  |
| Profesión/Ocupación | | | |  | | | | | | | | | | Lugar de trabajo | | | | |  | | | | | | | | | | | | |
| Domicilio Laboral | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. Casa | | | |  | | | | | | | Tel. Celular | | | | |  | | | | | | Tel Laboral | | | | | |  | | | |
| e-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apellido y Nombre del Padre** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DNI |  | | | | Fecha de Nac. | | | | | | |  | | | | | Nacionalidad | | | |  | | | | | | | | | | |
| Domicilio | | |  | | | | | | | | | | | | | | | | | | | | | | C. Postal | | | | |  | |
| Profesión/Ocupación | | | |  | | | | | | | | | | Lugar de trabajo | | | | |  | | | | | | | | | | | | |
| Domicilio Laboral | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. Casa | | |  | | | | | | | Tel. Celular | | | | |  | | | | | Tel Laboral | | | | | |  | | | | | |
| e-mail | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apellido y Nombre del Tutor** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| DNI |  | | | | | | Fecha de Nac. | | | | |  | | | | | Nacionalidad | | | |  | | | | | | | | | | |
| Domicilio | | |  | | | | | | | | | | | | | | | | | | | | | C. Postal | | | | |  | | |
| Profesión/Ocupación | | | |  | | | | | | | | | | Lugar de trabajo | | | | |  | | | | | | | | | | | | |
| Domicilio Laboral | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. Casa | | |  | | | | | | | Tel. Celular | | | | |  | | | | | Tel Laboral | | | | | |  | | | | | |
| e-mail | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Lugar y Fecha: Yerba Buena, \_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_de 20\_\_\_**

**Nota: Esta ficha será llenada por el/los interesado/s y una vez firmada se presentará en Secretaría.**

**Escribirá con precisión todos los datos, de acuerdo con el D.U. , DNI y partida de nacimiento, no aceptando iniciales.**

**Es responsable de la exactitud de los datos que consigne en la presente ficha y los datos se los tomará como declaración jurada.**

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**FIRMA MADRE FIRMA PADRE FIRMA TUTOR**