SECRETARÍA DE EDUCACIÓN PÚBLICA  
**NOMBRE DE LA ESCUELA**CLAVE:

DIRECCIÓN DE LA ESCUELA

**SOLICITUD DE INSCRIPCIÓN**

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| --- | --- | --- | --- |
| **Nivel** |  | **Turno** |  |
| **Grado** |  | **Ciclo escolar** |  |

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| **DATOS GENERALES DEL ESTUDIANTE** | | | | | | | | | | | | |
| **Apellidos**: |  | | | | | **Nombres**: | | | |  | | |
| **Fecha de nacimiento**: |  | | |  | | | | | | | |  |
| Día | | | Mes | | | | | | | | Año |
| **Lugar de nacimiento**: |  | | | | | | | | | | | |
| **Edad**: |  | | | | | **Sexo**: | | | |  | | |
| **Domicilio**: |  | | | | | | | | | | | |
| **DATOS DEL PADRE, MADRE O RESPONSABLE** | | | | | | | | | | | | |
| **Apellidos**: | |  | | | | **Nombres**: | | | |  | | |
| **Fecha de nacimiento**: | |  | |  | | | | | | | |  |
| Día | | Mes | | | | | | | | Año |
| **Documento de identidad**: | |  | | | | | **Parentesco**: | | | |  | |
| **Teléfono**: | |  | | | | | | |  | | | |
| **Correo electrónico**: | |  | | | | | | | | | | |
| **Domicilio**: | |  | | | | | | | | | | |
| **HISTORIA CLÍNICA DEL ESTUDIANTE** | | | | | | | | | | | | |
| **Enfermedades**: | | |  | | | | | | | | | |
| **Alergias**: | | |  | | | | | | | | | |
| **Grupo sanguíneo**: | | |  | | **Discapacidad**: | | |  | | | | |
| **¿Ha sido vacunado?** | | | Sí | | | | | No | | | | |
| **Indique cuáles vacunas ha recibido**: | | | | | | | | | | | | |

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| Firma del padre, madre o responsable | Firma recibido |