**ANTECEDENTES DEL ALUMNO:**

Curso que ingresa (Marcar con una “X” al lado derecho)

Enseñanza Básica:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1ºA | [ ]  | 1ºB | [ ]  | 1ºC | [ ]  |
| 2ºA | [ ]  | 2ºB | [ ]  | 2ºC | [ ]  |
| 3ºA | [ ]  | 3ºB | [ ]  |
| 4ºA | [ ]  | 4ºB | [ ]  |
| 5ºA | [ ]  | 5ºB | [ ]  |
| 6ºA | [ ]  | 6ºB | [ ]  |
| 7ºA | [ ]  | 7ºB | [ ]  |
| 8ºA | [ ]  | 8ºB | [ ]  |

Enseñanza Media:

|  |  |  |  |
| --- | --- | --- | --- |
| 1ºA | [ ]  | 1ºB | [ ]  |
| 2ºA | [ ]  | 2ºB | [ ]  |
| 3ºA | [ ]  | 3ºB | [ ]  |
| 4ºA | [ ]  | 4ºB | [ ]  |

Apellido Paterno Apellido Materno Nombres

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Fecha Nacimiento RUT Pertenece a Chile Solidario/Programa Puente/¿Cuál?

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| d     m     a      |       |       |

Domicilio del Alumno Comuna

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Nacionalidad Teléfono Celular Teléfono de recado

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| Correo Electrónico |       @      |

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| Previsión FONASA | A       | B       | C       | D       |

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| ISAPRE / OTRO |        |

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| Consultorio o Centro Médico de Control |       |

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| Peso Kg.:        | Estatura:       Mt.       Cm. | Caries:        | Lentes:       |

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| Presenta Problemas (Si o No) en: | Vista |       | Columna |       | Oídos |       |

|  |  |
| --- | --- |
| ¿Padece de alguna enfermedad crónica?       | ¿Cuál?:       |

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| ¿Cuál es el Tratamiento Médico?       |

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| --- | --- | --- | --- | --- | --- | --- |
| ¿Con quien vive el alumno@? | Padre | [ ]  | Madre | [ ]  | Otro ¿Quien? |       |

|  |  |
| --- | --- |
| ¿Cuántas personas viven en el hogar del alumno@? |       |

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| --- | --- |
| Colegio de Procedencia:       | Comuna:      |

**ANTECEDENTES DEL APODERADO(A)**

Apellido Paterno Apellido Materno Nombres

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Fecha Nacimiento RUT Parentesco

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Domicilio del Apoderado Comuna Actividad que desempeña

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Nacionalidad Teléfono Celular Teléfono de recado

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| Correo Electrónico |       @      |

Estudios Completados (SI / NO / Cursando)

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| --- | --- | --- | --- |
| Básica:       | Media:       | Técnico:       | Superior:       |

**ANTECEDENTES FAMILIARES:**

Nombre Completo del Padre Nombre Completo de la Madre

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RUT Fecha de Nacimiento RUT Fecha de Nacimiento

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Nacionalidad Teléfono Celular Nacionalidad Teléfono Celular

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Nivel Educacional Actividad que desempeña Nivel Educacional Actividad que desempeña

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| Email:      @      | Email:      @      |

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| Apoderado | Profesor Jefe | Dirección |
|       |       |       |

27 de septiembre de 2016