**SOLICITUD DE REINSCRIPCIÓN**

**FOTO**

**SEMESTRE: FEBRERO - JULIO 2025**

**CARRERA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instrucciones:**

1. **Completar digitalmente toda la información que se solicita en este formato, verificando que sea correcta y actualizada.**
2. **No hacer ningún tipo de cambio al formato.**

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| 1. DATOS DEL ALUMNO
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| NÚMERO DE CONTROL | SEMESTRE | GRUPO |

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| APELLIDO PATERNO | APELLIDO MATERNO | NOMBRE (S) | EDAD |

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| CURP | FECHA DE NACIMIENTO | NÚMERO DE SEGURIDAD SOCIAL | NACIONALIDAD | GENERO |

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| 1. DOMICILIO DEL ALUMNO
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| DELEGACIÓN O MUNICIPIO | C.P. | TELÉFONO DE CASA |

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| @gmail.com |

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| TELÉFONO CELULAR O DE UN FAMILIAR | CORREO ELECTRÓNICO |

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| 1. DATOS INFORMATIVO DEL ALUMNO
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| **TRABAJAS** |

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|  | NOMBRE DEL LUGAR DE TRABAJO |
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| CALLE Y NÚMERO | COLONIA | C.P. |
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| DELEGACIÓN O MUNICIPIO | TELÉFONO DEL TRABAJO | HORARIO |

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| 1. DATOS DE LOS PADRES Y/O TUTOR
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| NOMBRE DE LA MADRE | TELÉFONO CASA | CELULAR | FIRMA |

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| NOMBRE DEL PADRE | TELÉFONO CASA | CELULAR | FIRMA |
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| NOMBRE DE UN FAMILIAR | TELÉFONO CASA | CELULAR | PARENTESCO |

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| 1. DISCAPACIDAD, ENFERMEDAD O ALERGIA
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| **MOTRIZ / FISICA ( )** |

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| **AUDITIVA ( )** |

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| **VISUAL ( )** |

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| **HABLA ( )** |

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| **DESCRIPCIÓN:** |

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| 1. LENGUA / IDIOMAS
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| **LENGUA INDIGENA ( )** |

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| **LENGUA EXTRANJERA ( )** |

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| **INDIQUE CUÁL:** |

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CONTROL ESCOLAR

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RESPONSABLE DE CARRERA