**SOLICITUD DE REINSCRIPCIÓN**

**FOTO**

**PERÍODO ESCOLAR: AGOSTO 21 – ENERO 22**

**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 | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | NÚMERO DE CONTROL | | | | | | | | | | | | | | SEMESTRE | GRUPO | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | APELLIDO PATERNO | APELLIDO MATERNO | NOMBRE (S) | EDAD | | | | | |
| |  | | --- | |  | | |  |  |  | | --- | --- | --- | |  |  |  | | DD | MM | AAAA | | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | |  | | |  | | --- | |  | | | |
| CURP | FECHA DE NACIMIENTO | NÚMERO DE SEGURIDAD SOCIAL | NACIONALIDAD | GENERO |

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| 1. DOMICILIO DEL ALUMNO |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | CALLE | NÚMERO | COLONIA | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | DELEGACIÓN O MUNICIPIO | C.P. | TELÉFONO DE CASA | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | | @gmail.com | | | TELÉFONO CELULAR O DE UN FAMILIAR | CORREO ELECTRÓNICO | | |

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| 1. DATOS INFORMATIVO DEL ALUMNO |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **TRABAJAS** | | |  | | --- | | **SI** | | |  | | --- | |  | | |  | | --- | | **NO** | | |  | | --- | |  | | |  | | --- | |  | | | | | |  | | | | | NOMBRE DEL LUGAR DE TRABAJO | | | | | |  | | --- | |  | | | | | | | |  | | --- | |  | | | |  | | --- | |  | | | CALLE Y NÚMERO | | | | | | COLONIA | | C.P. | | |  | | --- | |  | | | | | | | |  | | --- | |  | | |  | | --- | |  | | | | DELEGACIÓN O MUNICIPIO | | | | | | TELÉFONO DEL TRABAJO | HORARIO | | |

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| 1. DATOS DE LOS PADRES Y/O TUTOR |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | NOMBRE DE LA MADRE | TELÉFONO CASA | CELULAR | FIRMA | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | NOMBRE DEL PADRE | TELÉFONO CASA | CELULAR | FIRMA | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | NOMBRE DE UN FAMILIAR | TELÉFONO CASA | CELULAR | PARENTESCO | |

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| 1. DISCAPACIDAD, ENFERMEDAD O ALERGIA |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **MOTRIZ / FISICA ( )** | | |  | | --- | | **AUDITIVA ( )** | | |  | | --- | | **VISUAL ( )** | | |  | | --- | | **HABLA ( )** | | | |  | | --- | | **DESCRIPCIÓN:** | | | | | |

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| 1. LENGUA / IDIOMAS |
| |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **LENGUA INDIGENA ( )** | | |  | | --- | | **LENGUA EXTRANJERA ( )** | | | |  | | --- | | **INDIQUE CUÁL:** | | | |

CONTROL ESCOLAR

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RESPONSABLE DE CARRERA