**SOLICITUD DE INSCRIPCIÓN**

Foto

PERIODO ESCOLAR  MATRÍCULA­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PLANTEL: |  | CLAVE: |  |

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| FECHA: |  | FOLIO Co. Cr.: |  | ACIERTOS COMIPEMS: |  |

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| --- | --- | --- | --- | --- | --- |
| PLAN DE ESTUDIOS: |  | TURNO |  | GRUPO: |  |

NOMBRE DEL ASPIRANTE

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

DATOS GENERALES

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|  | FECHA DE NACIMIENTO |  | LUGAR DE NACIMIENTO |  | ESTADO CIVIL |  | TIPO DE SECUNDARIA |  | PROMEDIO |  |
|  |  |  |  |  |  |  |  |  |  |  |

DOMICILIO

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | CALLE: |  | | | | |  | NO. EXT. | | |  | NO. INTERIOR | | |  |  |
|  |  |  | | | | |  |  | | |  |  | | |  |  |
|  | COLONIA: | |  | | CÓDIGO POSTAL: |  | | |  | TELÉFONO: | | |  | | |  |
|  |  | |  | |  |  | | |  |  | | |  | | |  |
| NOTA: EN CASO DE NO TENER TELÉFONO, ANOTA ALGUNO DONDE PODAMOS LOCALIZARTE: | | | | | | | | | | | | | |  | |  |
| DELEGACIÓN O MUNICIPIO: | | | |  | | | | | | | | | | | |  |
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DATOS DE LOS PADRES O TUTOR

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|  | NOMBRE DEL PADRE O TUTOR: |  |  | TELÉFONO: |  |  |
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|  | NOMBRE DE LA MADRE |  |  | TELÉFONO: |  |  |
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| DATOS PARA SE LLENADOS EXCLUSIVAMENTE POR EL CONALEP | | | | | |
| CARRERA: P.T. |  |  | MATRÍCULA: |  |  |
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|  | 1 ACTA DE NACIMIENTO | |  |  | 7 CURP: | | |  | | | |  | COPIA |  |  |
|  |  | |  |  |  | | | | | | |  |  |  |  |
|  | 2 CERTIFICADO DE SECUNDARIA | |  |  | 8 ASPIRANTE EXTRANJERO: FORMA FM-9 | | | | | | |  |  |  |  |
|  |  | |  |  |  | | | | | | |  |  |  |  |
|  | 3 DOS FOTOGRAFÍAS (TAMAÑO INFANTIL) | |  |  | 9 DICTAMEN DE REVALIDACIÓN DE ESTUDIOS | | | | | | |  |  |  |  |
|  |  | |  |  |  | | | | | | |  |  |  |  |
|  | 4 PAGO DE COLEGIATURA SEMESTRAL | |  |  | DE: SECUNDARIA EMITIDO POR LA SEP | | | | | | |  |  |  |  |
|  |  | |  |  |  | | | | | | |  |  |  |  |
|  | 5 PAGO DE SEGURO ESTUDIANTIL | |  |  | 10 TRADUCCIÓN (EN CASO DE OTRO IDIOMA) | | | | | | |  |  |  |  |
|  |  | |  |  |  | | | | | | |  |  |  |  |
|  | 6 SEGURO FACULTATIVO | |  |  |  | | | | | | |  |  |  |  |
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Me comprometo a cumplir con el REGLAMENTO ESCOLAR.

(consulta en el portal Conalep)

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| ATENTAMENTE |  | Vo. Bo. |
|  |  |  |
|  |  |  |
| Nombre y Firma del Alumno |  | Nombre y Firma del Padre o Tutor |