**SOLICITUD DE REINSCRIPCIÓN**

Foto

|  |  |
| --- | --- |
| PLANTEL: |  |

|  |  |
| --- | --- |
| CARRERA: |  |

|  |  |  |  |  |  |  |
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| PERIODO ESCOLAR: | 11920 |  | **GRUPO ANT:** |  | **GRUPO: ACT** |  |

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| MATRÍCULA: |  | CLAVE DEL PLAN DE ESTUDIOS: |  |

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| --- | --- | --- | --- |
| CURP: |  | FECHA |  |

NOMBRE DEL ALUMNO:

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

DOMICILIO (actualizado)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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: V | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | | | | | | | | | | | | | | | | |  |
| TIENE SERVICIO MÉDICO: | | | | IMSS |  |  | ISSSTE |  | |  | OTROS: |  | | | | | | | | | | |  |
|  | | | |  |  |  |  |  | |  |  |  | | | | | | | | | | |  |

DATOS GENERALES

|  |  |  |  |  |  |  |  |  |  |  |
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| NACIONALIDAD: | |  | | | | |  | SEXO: |  |  |
|  |  | |  |  |  |  |  |  | |  |
|  | FECHA DE NACIMIENTO | |  | EDAD |  | LUGAR DE NACIMIENTO |  | ESTADO CIVIL | |  |
|  |  | |  |  |  |  |  |  | |  |

DATOS DE LOS PADRES O TUTOR

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| --- | --- | --- | --- | --- | --- | --- | --- |
| NOMBRE DEL TUTOR RESPONSABLE ACADEMICAMENTE | | |  |  |  |  |  |
|  |  |  | |  |  |  |  |
|  | NOMBRE DEL PADRE |  | |  | TELÉFONO: |  |  |
|  |  |  | |  |  |  |  |
|  | NOMBRE DE LA MADRE |  | |  | TELÉFONO: |  |  |
|  |  |  | |  |  |  |  |

Me comprometo a cumplir con el REGLAMENTO ESCOLAR.

(consulta en el portal conalep)

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|  | ATENTAMENTE |  |
|  |  |  |
|  |  |  |
| Nombre y Firma (Alumno) |  | Jefe de Proyecto de Servicios Escolares |

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|  |
| Nombre y Firma  de quien Recibe la solicitud de reinscripción |
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