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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **INSTITUCIÓN. EDUCATIVA RURAL BENILDA VALENCIA**  DANE: 205237000081 - Nit: 811024857-0 | | | | | **Registro de Matricula**  **Año: \_\_\_\_\_\_\_\_\_**  Libro:\_\_\_\_\_ Folio: \_\_\_\_\_\_\_\_  Matrícula No: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Información de la Matrícula Inicial** | | | | | | | | | | Fecha de Matrícula: | |  | | | | Código: |  | | | Sede: |  | | | | | Jornada: |  | | | Grado: |  | Modelo: |  | | | Grupo: |  | | | **Información Básica del Estudiante** | | | | | | | | | | Apellidos y Nombres: | |  | | | | | | | | Tipo de Doc: |  | No. de Doc: |  | | Fecha de Nacimiento: | |  | | | Municipio de Nacimiento: | |  | | | Genero: |  | Tipo Sangre: |  | | Dirección: |  | | | | Teléfono: | |  | | | Ciudad: |  | | | Email: |  | | | | | Desplazado: | |  |  | | --- | --- | | Si | No | | Discapacidad: |  | | Cap. Excep: | |  | | | Estrato: |  | Nivel Sisben: |  | Grupo Etnico: |  | | Religión |  | | Pais de Expidicion DI: | |  | | EPS (Entidad de salud) | |  | | | | **Información del establecimiento de Origen** | | | | | | | | | | Establecimiento: |  | | | | | | Año: |  | | Grado: |  | | | Situación Académica: | |  | | | | **Información Familiar** | | | | | | | | | |  | Apellidos y Nombres | | | Documento | Dirección y Telefono | | | | | Madre: |  | | |  |  | | | | | Padre: |  | | |  |  | | | | | Acudiente |  | | |  |  | | | | | Parentesco: |  | | | Número de Hermanos en la Institución: | | | |  | | **Contrato de Matrícula** | | | | | | | | | | Con las firmas aquí registradas se entiende por aceptado el compromiso de las partes y se comprometen a respetar y dar cumplimiento al Acuerdo de Convivencia y demás normas instituconales. | | | | | | | | | | Firma Estudiante | | | | Firma Acudiente | | | | | | Rector(a) | | | | Secretari(a) | | | | | | **Cancelación de Matrícula** | | | | | | | | | | Fecha: |  | Motivo: |  | | | | | | | Observaciones: | | | | | | | | | |  | | | | | | | | | | Acudiente | | Rector(a) | | | Secretario(a) | | | | |