|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ESCUELA ESPECIAL DE LENGUAJE** | | | | | | | | | | | | | | |  | |  |  | | AÑO | | | | 2022 | | |  | | | | |
| |  | | --- | | *" San Clemente de Huechuraba"* | | | | | | | | | | | | | | | |  | |  |  | | Curso | | | |  | | |  | | | | |
|  | | | | | | | | | | | | | | |  | |  |  | | Jornada | | | |  | | |  | | | | |
|  | | | | | |  |  |  |  |  | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  | |  |  | |
|  | | | | | |  |  |  |  |  | |  |  |  |  | |  |  | |  | | |  |  |  |  | |  | |  |  | |
| **Ficha de Matrícula** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Datos del Alumno (a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **(Nombres)** | | | | | **(Apellido paterno)** | | | | | | | | | | | | | | **(Apellido materno)** | | | | | | | | | |  | | |
| Fecha de Nacimiento: | |  | | | Edad: (31/03) | | | | | |  | | | | | | | | RUT: | |  | | | | | | | |  | | |
| Calle: | | | | | Nº : | | | | | | | | | | | | | | Condominio/ villa: | | | | | | | | | |  | | |
| Comuna: | | | | | Teléfono Fijo: | | | | | | | | | | | | | |  | | | | | |  | | | |  | | |
| Nombre Apoderado: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Relación con el alumno (a) | | | | |  | | | | | | | | | | | Teléfono: | | | | | |  | | | | | | |  | | |
| Vive con: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Total de hermanos: | | | | |  | | | | | | | | | | | Lugar que ocupa: | | | | | |  | | | | | | |  | | |
| Nombre del Padre: | | | | | | | | | | | | | | | | RUT: | | | | | | | | | | | | |  | | |
| Edad: |  | | | Escolaridad: | | | | | | |  | | | | | Ocupación: | | | | | |  | | | | | | |  | | |
| e-mail: |  | | | | | | | | | | | | | | | Teléfono: | | | | | |  | | | | | | |  | | |
| Nombre de la Madre: | | | | | | | | | | | | | | | | RUT: | | | | | | | | | | | | |  | | |
| Edad: |  | | | Escolaridad: | | | | | | |  | | | | | Ocupación: | | | | | |  | | | | | | |  | | |
| e-mail: |  | | | | | | | | | | | | | | | Teléfono: | | | | | |  | | | | | | |  | | |
| **Observaciones** (alergias, medicamentos, enfermedades crónicas, alimentos, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Resultado de la evaluación Fonoaudiológica** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Tomo conocimiento que mi hijo (a) presenta trastornos del Lenguaje, con Diagnostico: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Por consiguiente Autorizo el ingreso a la Escuela de Lenguaje "SAN CLEMENTE DE HUECHURABA" | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Firma y timbre | | | Firma y RUT Apoderado | | | | | | | | | | | | | Firma Funcionario y timbre | | | | | | | | | | | | |  | | |
| Fonoaudióloga | | | del Establecimiento | | | | | | | | | | | | |  | | |
| Fecha: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaración simple** | | | |
| Yo; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Declaro que mi hijo/a no asiste a ningún otro Establecimiento Educacional. | | | |
| Firma |  | RUT |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Autorización Cambio De Ropa ( SOLO EMERGENCIAS , SIN LAVADO DE GENITALES)** | | | |
| Yo; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Autorizo a la profesora Y a la asistente de la educación de mi hijo/a. a realizarle un cambio de ropa en caso de necesitarlo (mojado u/o orina). | | | |
| Firma |  | RUT |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Autorización publicación de fotografías pedagógicas en redes sociales de la escuela.** | | | |
| Yo; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Autorizo a la escuela San Clemente de Huechuraba, a publicar las fotografías de carácter pedagógico en las redes sociales y a grabar las clases de Classroom en periodo de pandemia. | | | |
| Firma |  | RUT |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reglamento interno** | | | |
| Yo; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apoderada de: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmo que he recibido, leído y aceptado, el reglamento interno de la escuela San Clemente De Huechuraba, el cual está publicado en la página web del establecimiento. | | | |
| Firma |  | RUT |  |

**Antecedentes De Vulnerabilidad:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TIPO DE SALUD: | | FONASA | | ISAPRE | | OTRO |
| N° de integrantes en la familia |  | Registro social de hogares |  | puntaje asistente social |  | |
| Pertenece a algún programa social: | | | | | | |
| SEGURO ESCOLAR : | | | | | | |
| **EN CASO DE EMERGENCIA TRASLADAR A:** | | | | | | |