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| D./Dña. | | |  | | | | | | | | | | | Alumno mayor de edad | |  |
| Padre/Madre/Tutor-a Legal del/la alumno/a,: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Matriculado/a en: | | | | | I.E.S. RAMÓN CARANDE | | | | | | Código de Centro: | | 41009044 | | | |
| Localidad : | | | | | Sevilla | | En el nivel de: | | | |  | | Grupo: | |  | |
| con D.N.I. nº: | | | |  | | | | | Localidad de | | |  | | | | |
| Provincia de | | | |  | | | | | con domicilio a efectos de notificación en: | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| C.P. |  | | | | | nº de teléfono : | | | |  | | | | | | |
| Móvil: | |  | | | | | | e-mail: | |  | | | | | | |

**EXPONE:**

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**SOLICITA:**

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Documentación que adjunta:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2.\_\_\_\_\_\_.

(Firma del/la interesado/a)

**A/A Sr. Director del I.E.S. RAMÓN CARANDE**