|  |  |  |  |
| --- | --- | --- | --- |
| 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**