|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plantel CONALEP** | **Fecha:** |  |  |  |
|  |  | (DÍA) | (MES) | (AÑO) |

**SOLICITUD**

|  |  |  |
| --- | --- | --- |
| **INSCRIPCIÓN** | **REINSCRIPCIÓN** | **READMISIÓN** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MATRÍCULA** |  |  |  |  |  |  |  |  |  | **-** |  |

|  |  |
| --- | --- |
| **CARRERA** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apellido Paterno** |  | | | | | | | | |
| **Apellido Materno** |  | | | | | | | | |
| **Nombre** |  | | | | | | | | |
| **Turno** | **M** | **V** | **Nacionalidad** | **MEXICANA** | **EXTRANJERA** | | Forma FM-9 **(SI) (NO)** | |
| **No. Afiliación** |  | | | **Institución** |  | **CLINICA** | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **F** | **M** |
| CURP | | | | | | | | | | | | | | | | | |  | **D M A**  FECHA NAC. | | |  | SEXO | |

**Domicilio:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | |  | |  | |
| Calle | | | | | No. Exterior | | | No. Interior | | Código Postal | |
|  | | | | |  | | | | |  | |
| Colonia | | | | | Municipio | | | | | Teléfono particular | |
|  | |  | | | | |  | | | | |
| Teléfono Celular | | Correo electrónico institucional | | | | | Correo electrónico personal | | | | |
|  | | |  | | |  |  | |  | | |
| No. de Dpnte. económicos | | | Alergia | | | Cardiopatía | Epilepsia | | Discapacidad | | |
| **SI** | **NO** |  | |  | | | | |  | |  |
| Trabaja | | No. Afiliación | | Nombre de la Empresa donde Trabaja | | | | | Horario | | Teléfono del Trabajo |

|  |
| --- |
| **Datos Familiares** |

|  |  |
| --- | --- |
|  |  |
| Nombre completo del Padre | **Nombre completo de la Madre** |
|  |  |
| Calle, No. Exterior, No. Interior | **Calle, No. Exterior, No. Interior** |
|  |  |
| Colonia, Municipio, Código Postal | **Colonia, Municipio, Código Postal** |
|  |  |
| Teléfono | **Teléfono** |
| **En caso de no tener teléfono, anota alguno donde podamos localizarle:** | |

|  |  |
| --- | --- |
| **Me comprometo a cumplir con el REGLAMENTO ESCOLAR** | |
|  |  |
| Firma del Alumno | Firma del Padre, Madre o Tutor |

|  |  |
| --- | --- |
| **Registro de la SOLICITUD en el Plantel realizado por:** | |
|  |  |
|  |  |
| Nombre | Firma |