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Educação Pré Escolar | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | |  | |  |  |  |  |  |  | |  |  | |  | | --- | | **IDENTIFICAÇÃO DO ALUNO** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | --- | | Idade :  (na data de 31/08) | | | | | | | | |  |  |  |  |  |  | |  |  | |  | | | | |  | |  | | --- | | Processo n.º | | | | | | | |  |  |  | |  | | --- | |  | | | | | |  | |  | | --- | | NIF: | |  | |  | | --- | |  | | | | | | | |  |  |  |  |  |  |  | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  | |  | | --- | | Nome completo | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  |  |  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  | |  | | --- | | número do CC | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  |  | |  | | --- | |  | | | | | |  | |  | | --- | |  | | | | | |  | |  | | --- | | natural de | | | | | |  | | --- | |  | | | | | | | | | | | | | | |  |  | |  |  | |  | | | | |  |  | | | | | | |  | Nº Utente: | | | | | | | | | | |  | Nº Segurança Social: | | | | | | | | | | | | | | | | | |  |  | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  | |  | | --- | | concelho de(a) | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  |  | |  |  | | --- | --- | |  |  | | | | | | | | | | | | | | | | | | | | |  | |  | | --- | | nascido em | | | | | | | |  | | --- | |  | | | | | |  |  | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  | |  | | --- | | filho de | | | | |  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  | |  | | --- | | e de | | | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  | |  | | --- | | residente no(a) | | | | | | | |  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | --- | | número ou lote | | | | | | | |  | | --- | |  | | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | --- | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  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 | |  |  | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | | | | | |  |  | |  |  |  |  |  |  | |  |  | |  | | --- | | **IDENTIFICAÇÃO DO ENCARREGADO DE EDUCAÇÃO** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | Nome completo | | | | | | |  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | residente no(a) | | | | | | | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | --- | | número ou lote | | | | | | |  | | --- | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | andar | | | |  | | --- | |  | | |  | |  | | --- | | Freguesia | | | | | | |  |  |  |  |  |  |  |  | |  | | --- | | código postal | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | | --- | |  | | | | |  | |  |  |  | |  | | --- | |  | | | | | |  |  |  | |  | | --- | |  | | | | |  | |  | | --- | | - | |  | |  | | --- | |  | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | número de telemóvel | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | --- | | número de telefone | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | |  | | | | | | | | |  |  |  | |  | | --- | |  | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | número do CC | | | | | | |  |  | |  | | --- | |  | | | | | |  | |  | | --- | | NIF | |  | |  | | --- | |  | | | | | |  | |  | | --- | | Grau de parentesco | | | | | | | | | | | | | | |  | |  | | --- | |  | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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E. e do Conselho de 27 de abril (RGPD) prestar, por este meio, o meu consentimento para o tratamento dos meus dados pessoais acima indicados bem como os do meu educando para efeitos pedagógicos e de gestão escolar.  A presente declaração constitui título bastante para conferir autorização para o tratamento dos meus dados pessoais, assim como do meu educando no âmbito do Sistema de Gestão Escolar para fins de suporte de decisão pedagógica e administrativa da escola e da tutela. Tomei conhecimento de que a falta de consentimento para o tratamento dos meus dados pessoais terá como resultado a falta da verificação dos pressupostos exigidos para exercer a figura de encarregado de educação, assim como para o meu educando poder ser, devidamente, matriculado em unidade orgânica do sistema educativo regional. | | | | | | |  | |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | (Assinatura do Pai, conforme consta no Cartão de Cidadão) | |  | |  | | --- | | (Assinatura da Mãe, conforme consta no Cartão de Cidadão) | |  | |  | | --- | | (Assinatura do Encarregado de Educação, conforme consta no Cartão de Cidadão) | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | |  |  |  | |  |  |  |  |  |  | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **AÇÃO SOCIAL ESCOLAR** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | Pretende que o seu educando: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | | Sim | |  |  |  | |  | | --- | | Não | |  |  |  | |  | |  | | --- | | *a)* beneficie de auxílios económicos? | | | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  | | --- | |  | |  |  | |  | | --- | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | continue a beneficiar desse auxílio? | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | Sim | |  |  |  | |  | | --- | | Não | |  |  |  | |  |  |  |  |  |  |  | |  | | --- | |  | |  |  | |  | | --- | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  | | --- | |  | | | | | | | | |  | |  | |  | | --- | | *b)* utilize o transporte escolar? | | |  |  |  | |  | | --- | | *Local de (des)embarque* | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  | |  |  |  |  | |  | |  | | --- | | **NECESSIDADES EDUCATIVAS DE CARÁTER PROLONGADO** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  | | --- | | O aluno beneficia de medida(s) educativa(s) especial(ais)? | | | | |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | Sim | |  |  |  | |  | | --- | | Não | |  |  |  |  | |  |  |  | |  | | --- | |  | |  |  |  |  |  | |  |  |  |  |  | |  | | --- | |  | |  |  | |  | |  | | --- | | Se respondeu afirmativamente, especifique-as(s): | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | |  | | |  | |  | | --- | |  | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  | |  |  |  |  | |  | |  | | --- | | **VERIFICAÇÕES - A preencher pela escola** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  | |  | | --- | | Não | | |  |  |  |  |  |  | |  | |  | | --- | | Apresentou o Boletim Individual de Saúde atualizado? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | | Sim | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | |  | | |  |  | |  | | --- | |  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  | |  | | --- | | Não | |  |  |  |  |  |  | |  |  | |  | | --- | | Autorizou o seu educando a sair da escola à hora do almoço? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | Sim | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  | |  | | --- | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  | |  | | --- | | Não | | |  |  |  |  |  |  | |  | |  | | --- | | Verificando-se a autorização da saída para o almoço, autorizou a saída ao último tempo da manhã caso não tenha aulas? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | Sim | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | |  | | |  |  | |  | | --- | |  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  | |  | | --- | | Não | | |  |  |  |  |  |  | |  | |  | | --- | | Autorizou o seu educando a sair da escola ao último tempo do dia? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | Sim | | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | |  | | |  |  | |  | | --- | |  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  | |  | | --- | | Não | |  |  |  |  |  |  | |  |  | |  | | --- | | Autorizou o seu educando a participar nas atividades da Saúde Escolar?  (rastreios, sessões de educação para a saúde, prevenção de situações de risco relacionadas com a saúde) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | Sim | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  | |  | | --- | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  | |  | | --- | | Não | |  |  |  |  |  |  | |  |  | |  | | --- | | Pretende usufruir de refeição vegetarina? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | | --- | | Sim | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  | |  | | --- | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | | Segurança Social: | | | | |  | |  | | --- | | Beneficiário n.º | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |  | | | | | | | | | | | | | | | | | | |  | | |  | | --- | | Instituição | | | | | | |  | | --- | |  | | | | | | | | | | | | | | |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | | |  | | --- | |  | | | | | |  | | --- | | Os Serviços de Administração Escolar | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  |  |  | |  | | |  | | --- | | Data \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | |  | | | | |  |  | |  |  |  |  | |  | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  | | | | |  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  |  | |  |  |  | |  | |  | | |  |  |  |  |  | | |  |  |  |  | |  |  |  |  | | |  |  | |  |  |  | |  | |  |  | |  |  |  | |  | |  | | |  | |  | | --- | | *(Assinatura e selo branco ou carimbo)* | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  |  |  | |  | |  |  | | | | | |  |  | | | | |  | | | | |  |  | | |  | | | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |  | |  |  |  |  | |  | |  | | --- | | **DADOS DE SAÚDE** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | Problemas específicos de saúde: | | |  |  | |  | | --- | | Sim | | |  |  |  |  |  |  | |  | | --- | | Não | | |  |  |  |  |  |  | |  | | --- | | Qual? | | |  | |  |  |  |  |  |  | |  | | --- | |  | | |  |  |  |  | |  | | --- | |  | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | Toma algum medicamento permanente: | | | |  | |  | | --- | | Sim | | | |  |  |  |  |  | |  | | --- | | Não | | | |  |  |  |  |  | |  | | --- | | Qual? | | | |  | |  |  |  | |  | | --- | |  | | | |  |  | |  | | --- | |  | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | | Tem problemas de audição/visão: | |  |  |  | |  | | --- | | Sim | |  |  |  |  |  |  |  | |  | | --- | | Não | |  |  |  |  |  |  |  | |  | | --- | | Qual? | |  | |  |  |  |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  | |  |  |  |  | |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  | |  | | --- | | **Confirmo as declarações acima apresentadas e declaro que conheço, concordo e cumprirei integralmente o estatuto do aluno e o regulamento interno da Unidade Orgânica.** | | | | |  | |  |  |  |  |  |  | |  |  | |  | | --- | | O Encarregado de Educação, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | |  |  |  | |  |  |  | |  | | --- | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  | | | |  |