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| COLEGIO CASTELGANDOLFO **1ª Avenida 1006 – P. Hurtado**  **Lago Castelgandolfo 18910 – Maipú**  **Fonos : 225371866 – 225371835** |

**FICHA DE INSCRIPCIÓN PARA AÑO ESCOLAR 2025**

**N°\_\_\_\_\_\_\_\_ (uso interno)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***FECHA ENTREVISTA*** |  |  | ***HORA*** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Fecha de Inscripción :*** |  |  |  |

# **IDENTIFICACIÓN DEL POSTULANTE:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Curso al que postula: | | |  | | | | | | |  | | | |
| Postulante : |  | | | | | | |  | | | |  | |
|  | ***(Apellido Paterno)*** | | | | | | | ***(Apellido Materno)*** | | | | ***(Nombres)*** | |
| Fecha de Nacimiento : | |  | | / |  | / |  | |  | | | | | |
| Escuela de Procedencia : | |  | | | | | | | | | De la comuna : | |  |

# **DOMICILIO DEL POSTULANTE**

|  |  |  |  |
| --- | --- | --- | --- |
| Calle : |  | Comuna : |  |
| Villa/Pob.: |  | Teléfono : |  |

# **APODERADO**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nombre |  | | | | Teléfono |  |
| Relación con el postulante | | |  | Ocupación |  | |
| Correo electrónico : | |  | | | Celular |  |

# **DOCUMENTOS RECIBIDOS POR FUNCIONARIO:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Si |  | **No** |  |  | | **Si** |  | **No** | |  | Año |  |
| 1. Certificado de Nacimiento |  |  |  |  | 1. Informe de Jardín (Fotocopia) | |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  | |  |  |  |
| 1. Informe de Notas |  |  |  |  | 1. Informe de Kínder | |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  | |  |  |  |
| 3. Informe Personalidad |  |  |  |  | 1. Certificado de Vacunas) | |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  | |  |  |  |
|  |  |  |  |  | 1. Certificado de Estudios (Fotocopia) | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  |  | |  |  |  |
|  |  |  |  |  | 1. Certificado Médico | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  | | | | | | |
|  |  |  |  |  | 1. Otro |  | | | | | | |  |
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| Nombre Apoderado : | |  | | | |
|  | |  | | | |
| Rut |  | | - |  |  |

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Firma del Apoderado