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|  **NOME E APELIDOS DO ALUMNO/ALUMNA:**  |  |
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| CURSO A REALIZAR:  |  |  |  |  |  |  |  |  |  |  |  |  |
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| INFANTIL |  1 |  2 |  3 | PRIMARIA | 1 | 2 | 3 | 4 | 5 | 6 |  DATA DE NACEMENTO |  |  |  |  |  |  |  |  |  |  |  |

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| CENTRO EDUCATIVO  |  |  |  |  |  |  |  |  |  |  |  |

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| DOMICILIO DO ALUMNO/ALUMNA: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| LOCALIDADE: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  C. Postal:  |  |  |  |  |  |

**DATOS PERSOAIS DO TITOR/TITORA**

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| RELACIÓN CO ALUMNO/ALUMNA: | DNI:  |  NACIONALIDADE: |
| PAI:  |  |  NAI: |  |  TITOR/A: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NOME E APELIDOS: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| T.fixo: |  |  |  |  |  |  |  |  |  | T.móbil: |  |  |  |  |  |  |  |  |  | E.mail: |  |

\* Encher o seguinte apartado só se o domicilio do titor/titora non coincide co do alumno/alumna,

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| ENDEREZO: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LOCALIDADE: |  |  |  |  |  |  |  |  |  |   |  C. Postal:  |
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**DATOS PERSOAIS TITOR/TITORA**

|  |  |  |
| --- | --- | --- |
| RELACIÓN CO ALUMNO/ALUMNA: | DNI:  |  NACIONALIDADE: |
| PAI:  |  |  NAI: |  |  TITOR/A: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NOME E APELIDOS: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| T.fixo: |  |  |  |  |  |  |  |  |  | T.móbil: |  |  |  |  |  |  |  |  |  | E.mail: |  |
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**DETALLE DO SERVIZO DE XANTAR ESCOLAR SOLICITADO**

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|   | L | M | X | J | V |  |  | Espor. DATA DE COMEZO |
|  XANTAR |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  Con alm. | Sen alm. Espor. |  DATA DE COMEZO |
|  MADRUGA |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**ALERXIA ou INTOLERANCIA ALIMENTARIA (deberá enviar xustificante ou informe médico actualizado)**

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| --- | --- | --- | --- | --- | --- | --- |
| SI |  |  | NON |  |  | Alimentos:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DATOS BANCARIOS DO PAGADOR DO SERVIZO**

IBAN ENTIDADE SUCURSAL D.C. Nº. CONTA Titular da conta:

E

SE

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SWIFT BIC.

En \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_

 Firma do Titular da conta

***\** *De acordo co disposto na Lei Orgánica 3/2018 de Protección de Datos de Carácter Persoal e Garantía dos Dereitos Dixitais, informámoslles que os datos facilitados serán tratados pola Entidade Local coa finalidade de poder atender a súa solicitude. Ditos datos serán tratados de xeito confidencial, e só poderán ser cedido nos casos contemplados na Lei. Comuicámoslles que poden exercer os dereitos de acceso, rectificación, supresión, oposición, limitación ao tratamento e portabilidade dos seus datos, usando o procedemento de Exercizo de Dereitos da Sede Electrónica. Máis información: https://sede.sada.gal/es/sobrelasede/proteccion\_datos/***