**FORMULARIO DE PREINSCRIPCIÓN**

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|  | | | | | | | | | **Tripulante de Cabina de Pasajeros**  **TCP** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | F O T O | | | | | |
| D A T O S P E R S O N A L E S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRES | |  | | | | | | | | | | | | | | | | | | | | | APELLIDOS | | | | | | |  | | | | | | | | | | | | |
| FECHA DE NACIMIENTO | | | | | | | | | |  | | |  | | |  | LUGAR DE NACIMIENTO | | | | | | | | | | |  | | | | | | | | | | | | | | |
| PROVINCIA/ESTADO | | | | | | | |  | | | | | | | | | | | | | | PAÍS | | | |  | | | | | | | | | | | | | | | | |
| NACIONALIDAD | | | | | |  | | | | | | | | | | | | | | | | NAT | | OPC | | | | | NATU | | | DNI | | | | |  | | | | | |
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| D O M I C I L I O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CALLE |  | | | | | | | | | | | | | | | | | | | | NUMERO | | | | | |  | | | | PISO | | | | |  | | | DPTO. | |  | |
| LOCALIDAD | | | |  | | | | | | | | | | | | | | | | PROVINCIA | | | |  | | | | | | | | | | | | | | | CÓDIGO POSTAL | | |  |
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| TELÉFONO | | |  | | | | | | | | | | | | CELULAR | | |  | | | | | | | | | E-MAIL | | | |  | | | | | | | | | | | |
| CONTACTOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE Y APELLIDO CONTACTO | | | | | | | | |  | | | | | | | | | | | | | | | | | | TELÉFONO | | | | | | |  | | | | | | | | |
| CELULAR | |  | | | | | | | | | | | | EMAIL | | | |  | | | | | | | | | | | | PARENTESCO | | | | | | |  | | | | | |
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| M E D I C O S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSEE OBRA SOCIAL | | | | | SI | | | NO | | | CUAL | | | |  | | | | | | | | | | | | Nro. SOCIO | | | | | | |  | | | | | | | | |
| TEL DE CONTACTO | | | | | | |  | | | | | | | | | | | | POSEE ANTECEDENTES MÉDICOS | | | | | | | | | | | | | SI | | | NO | | |
| QUE ANTECEDENTES POSEE | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| C U R S O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE | | Tripulante Cabina de Pasajeros | | | | | | | | | | | | | | MODALIDAD | | | | Distancia | | | | | REGULARIDAD | | | | | | | | ANUAL | | | | | REGULAR | | INTENSIVO | | |

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| ¿Cómo conoció la escuela?: | Publicidad en Redes | Buscando en la web | Recomendación |
| Otra opción (indique cuál): | | | |

AL MOMENTO DE LA INSCRIPCIÓN EL ALUMNO ADJUNTA:

|  |  |  |
| --- | --- | --- |
| D O C U M E N T A C I Ó N | COPIA | |
| SI | NO |
| DNI |  |  |
| CERTIFICADO DE ESTUDIO SECUNDARIO O CONSTANCIA DEL TRAMITE DEL MISMO |  |  |
| CERTIFICADO MEDICO CLASE II |  |  |
| AUTORIZACIÓN DEL PADRE O TUTOR PARA REALIZAR EL CURSO (SI CORRESPONDE) |  |  |
| CONSTANCIA DE ESTUDIOS DE OTRO CIAC (SI CORRESPONDE) |  |  |
| CREDENCIAL DE OBRA SOCIAL (SI CORRESPONDE) |  |  |

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| ALUMNO |
|  |
| ACLARACIÓN Y FIRMA |

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| FECHA | | |
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