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| **1.- DATOS DE IDENTIFICACIÓN/ INFORMACIÓN:** | | | | | |
| NOMBRES Y APELLIDOS DEL ESTUDIANTE: |  | | | | |
| LUGAR Y FECHA DE NACIMIENTO: |  | | | | |
| **GRUPO ÉTNICO** | Negro Descendiente | Blanco | Mestizo | Indígena | Afro |
| DOMICILIO: |  | | | | |
| SECTOR: |  | | | | |
| TELÉFONOS DE CONTACTO: | CELULAR: | | | | |

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| **2.- DATOS FAMILIARES** | | | | | | | | |
| **Nombres y Apellidos (Madre):** | |  | | | | | | |
| **N°CI** | | **Edad** | **Estado Civil** | | **Instrucción** | | **Profesión/Ocupación** | **Lugar de Trabajo** |
|  | |  |  | |  | |  |  |
| **Teléfono** |  | | | **Celular** | |  | | |
| **Nombres y Apellidos (Padre):** | |  | | | | | | |
| **N°CI** | | **Edad** | **Estado Civil** | | **Instrucción** | | **Profesión/Ocupación** | **Lugar de Trabajo** |
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| **Teléfono** |  | | | **Celular** | |  | | |
| **Nombres y Apellidos**  **(Representante legal/cuidador)** | |  | | | | | | |
| **N°CI** | | **Edad** | **Estado Civil** | | **Instrucción** | | **Profesión/Ocupación** | **Lugar de Trabajo** |
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| **Teléfono** |  | | | **Celular** | |  | | |

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| **3.- FAMILIA Y SITUACIÓN SOCIOECONÓMICA (Detallar todos los miembros del grupo familiar)** | | | | | | | | |
| **Nombre** | **Parentesco** | **Estado Civil** | **Edad** | **Instrucción** | **Profesión/ Ocupación** | | **Lugar/ Empresa** | **Ingresos** |
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| **TOTAL** | | | | | | | |  |
| **EGRESOS IMPORTANTES** | **DETALLE** | | | | **VALOR** | **TOTAL** | | |
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| **3.1 CONDICIONES DE VIVIENDA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Propia | |  | | Arrendada | | | | | | | |  | Prestada | | | | | | |  | | Anticresis | | | | | |  | Con préstamo | | | |  | | Compartida | | |  |
| Departamento | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Cuarto | | | | |  | | |  | |
| **Servicios:** | | | Luz eléctrica | | | | | |  | | Agua potable | | | | | | | |  | | SSHH | | | | |  | | Pozo  séptico | | |  | Teléfono | | | | | |  |
| TV  Cable |  | | Celular | | | | | | | | | | | | | | | |  | | Computadora | | | | | | | | | | | | | | | | |  |
| Internet |  | | Otro dispositivo electrónico | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | |  |
| **3.2 CONDICIONES DE SALUD DEL ESTUDIANTE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tiene alguna enfermedad: | | | | | | | | | | | | | | | SI | |  |  | | | NO | |  | |  | | | | | | | | | | | | | |
| Indicar Cuál/es | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tiene alergias: | | | | | | | | | | | | | | | SI | |  |  | | | NO | |  | |  | | | | | | | | | | | | | |
| Indicar Cuál/es | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recibe tratamientos médicos: | | | | | | | | | | | | | | | SI | |  |  | | | NO | |  | |  | | | | | | | | | | | | | |
| Indicar Cuál/es | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicamentos que utiliza: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donde recibe atención: | | | | | | | | Centro de  Salud | | | | | |  | | Sub centro de  salud | | | | | | | |  | Hospital público | | | | |  | Hospital privado | | | | | | |  |
| Tiene algún tipo de discapacidad: | | | | | | | | | | | | | | | SI | |  |  | | | NO | |  | |  | | | | | | | | | | | | | |
| Indicar Cuál/es | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. Carnet del CONADIS: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.- ESTRUCTURA FAMILIAR:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PADRES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casados | |  | | Separados | | | | | | | | | | | | | |  | | | Unión de Hecho | | | | | | | | | | | | | | | | |  |
| Divorciados | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| En caso de fallecimiento, especificar nombre y parentesco del fallecido | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| **EL/LA ESTUDIANTE VIVE CON: (Especificar nombre y parentesco)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Padre/madre | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Padre | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | Madre | | | | |  | |  | | |
| Otros |  | | Especificar nombre y parentesco | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **OBSERVACIONES:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CERTIFICO QUE LA INFORMACIÓN AQUÍ INGRESADA ES REAL Y AUTORIZO AL PERSONAL CORRESPONDIENTE DE LA UNIDAD EDUCATIVA FISCOMISIONAL LA SALLE, A VERIFICAR ESTO EN EL CASO DE SER REQUERIDO:  FIRMA DEL RESPONSABLE C.I. N° ……………………………. Quito: ……………de……………………del 2………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |