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|  | **SOLICITUD DE INTÉRPRETE****DE LENGUA DE SEÑAS** |

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|  | Fecha: |    | / |    | / |      |

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| **CENTRO EDUCATIVO** |  |  |  |
| NOMBRE DEL CENTRO: |       |
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| **DATOS DEL CURSO PARA EL QUE SE SOLICITA EL INTÉRPRETE** |
|  |  |  |  |  |  |  |  |  |
| TIPO DE CURSO: |       | CURSO: |       |
| AÑO: |       | GRUPO: |       | TURNO: |       |
| CARGA HORARIA SEMANAL: |       |
| DÍAS Y HORARIOS:  |       |
|       |
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| **DATOS DEL/ LOS ALUMNO/S** |
| NOMBRE: |       | EDAD: |    | C.I.: |       |
| NOMBRE: |       | EDAD: |    | C.I.: |       |
| NOMBRE: |       | EDAD: |    | C.I.: |       |
| NOMBRE: |       | EDAD: |    | C.I.: |       |
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| SELLO |  |  | FIRMA DE LA DIRECCIÓN ESCOLAR |

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| **GESTIÓN EDUCATIVA** |  |
|  |  |  |  | Fecha: |    | / |    | / |      |
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| **DATOS DEL/LOS INTÉRPRETE/S DESIGNADO/S** |
| NOMBRE: |       | C.I.: |       |
| NOMBRE: |       | C.I.: |       |
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|  |  |  |  |  |  | FIRMA RESPONSABLE |

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| OYM 41015 |