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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** | | | | | | | | | | | | | | | | | | | |
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| 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.: |  | |
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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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