PROTOCOLO Nº

**INSTITUTO ESTADUAL DE EDUCAÇÃO**

**SECRETARIA DE ESCOLARIDADE**

NOME DO(A) ALUNO(A):

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DATA DE NASCIMENTO: CIDADE DE NASCIMENTO: ESTADO

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TELEFONE: CELULAR:

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NOME DA MÃE:

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NOME DO PAI:

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|  |  | **EEB CELSO RAMOS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SÉRIE: TURMA : TURNO: MATRÍCULA:

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CURSO:

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|  |  | **2ª VIA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CA |  |  |  |  |

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|  | HISTÓRICO/CERTIFICADO DO ENSINO FUNDAMENTAL |
|  | HISTÓRICO/CERTIFICADO DO ENSINO MÉDIO |
|  | HISTÓRICO DO MAGISTÉRIO |
|  | DIPLOMA |
| **Obs.: Prazo para retirada: 03 meses.** |

Florianópolis, \_\_\_/ \_\_\_\_/ 20\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Assinatura aluno, pai ou responsável

**.................................................................................Uso exclusivo do Setor.....................................................................................**

 **INSTITUTO ESTADUAL DE EDUCAÇÃO**

PROTOCOLO Nº: \_\_\_\_\_\_\_\_\_\_\_\_

 **FLORIANÓPOLIS – SANTA CATARINA**

 Nome do Aluno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Solicitação: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Funcionário: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_