|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOJA DE REFERENCIA DE INSERCIÓN** | | | | | |
|  |  |  |  | Fecha: | / / |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DEL ALUMNO** | | | | | | | | | | | | | | | FOTO |
| Nombre del Alumno: | | | APELLIDO PATERNO | | | APELLIDO MATERNO | | | | | NOMBRE (S) | | | |
| No. De seguro social | | |  | | | | | Gdo.: | |  | | | Gpo.: |  |
| Dirección: | | CALLE | | | | | | | | | | | | |
| LOC. | | | | | | | MPIO. | | | | | | | |
| Teléfono: |  | | | | | | Correo-e de la escuela: | |  | | | | | |
| ¿Padece alguna enfermedad crónica que impida realizar la Práctica de Ejecución? | | | | |  | | | | | | | | | |
| ¿Eres alérgico(a)? | | | |  | | | Gpo. Y tipo sanguíneo: | | | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DEL PADRE O TUTOR** | | | | | | | |
| Nombre del Padre: | | APELLIDO PATERNO | APELLIDO MATERNO | | | | NOMBRE (S) |
| Dirección: | CALLE | | | | LOC.. | | |
| MPIO. | | | | Teléfono: | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA EMPRESA O INSTITUCIÓN** | | | | | | | | |
| Nombre o Razón Social: | | |  | | | | | |
| Dirección: | CALLE Y NUMERO | | | | | BARRIO O COLONIA | | |
| LOCALIDAD | | | | | MPIO. | | | C.P |
| Jefe inmediato: | | APELLIDO PATERNO | | APELLIDO MATERNO | | | NOMBRE (S) | |
| Teléfono: |  | | | | Correo-e: |  | | |
| ¿Cómo llegar?: | | | | | | | | |
|  | | | | | | | | |
| Puntos de Referencia: | | | | | | | | |
|  | | | | | | | | |
| Ubicación: | | | | | | | | |
|  | | | | | | | | |