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| **IDENTIFICAÇÃO DO ENCARREGADO DE EDUCAÇÃO** |
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| **EMAIL:** |
| **SITUAÇÃO ESCOLAR DO ALUNO NO ANO ANTERIOR** |
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| Declaro para os efeitos previstos no disposto no art.º 13.º do Regulamento Geral de Proteção de Dados (EU)2016/679 do P. E. e do Conselho de 27 de abril (RGPD) prestar, por este meio, o meu consentimento para o tratamento dos meus dados pessoais acima indicados bem como os do meu educando para efeitos pedagógicos e de gestão escolar.A presente declaração constitui título bastante para conferir autorização para o tratamento dos meus dados pessoais, assim como do meu educando no âmbito do Sistema de Gestão Escolar para fins de suporte de decisão pedagógica e administrativa da escola e da tutela. Tomei conhecimento de que a falta de consentimento para o tratamento dos meus dados pessoais terá como resultado a falta da verificação dos pressupostos exigidos para exercer a figura de encarregado de educação, assim como para o meu educando poder ser, devidamente, matriculado em unidade orgânica do sistema educativo regional. |

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| (Assinatura do Pai, conforme consta no Cartão de Cidadão) |

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| (Assinatura da Mãe, conforme consta no Cartão de Cidadão) |

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| (Assinatura do Encarregado de Educação, conforme consta no Cartão de Cidadão) |

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| **AÇÃO SOCIAL ESCOLAR** |
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| Pretende que o seu educando: |

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| *a)* beneficie de auxílios económicos? |

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| continue a beneficiar desse auxílio? |

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| *b)* utilize o transporte escolar? |

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| *Local de (des)embarque* |

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| **NECESSIDADES EDUCATIVAS DE CARÁTER PROLONGADO** |
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| O aluno beneficia de medida(s) educativa(s) especial(ais)? |

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| Se respondeu afirmativamente, especifique-as(s): |

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| **VERIFICAÇÕES - A preencher pela escola** |
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| Apresentou o Boletim Individual de Saúde atualizado? |

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| Autorizou o seu educando a sair da escola à hora do almoço? |

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| Verificando-se a autorização da saída para o almoço, autorizou a saída ao último tempo da manhã caso não tenha aulas? |

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| Autorizou o seu educando a sair da escola ao último tempo do dia? |

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| Autorizou o seu educando a participar nas atividades da Saúde Escolar?(rastreios, sessões de educação para a saúde, prevenção de situações de risco relacionadas com a saúde) |

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| Pretende usufruir de refeição vegetarina? |

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| Segurança Social: |

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|  Beneficiário n.º |

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| Instituição |

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| Os Serviços de Administração Escolar |

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| Data \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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| *(Assinatura e selo branco ou carimbo)* |

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| **DADOS DE SAÚDE** |
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| Problemas específicos de saúde: |

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| Toma algum medicamento permanente: |

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| Tem problemas de audição/visão: |

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| Não |

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| **Confirmo as declarações acima apresentadas e declaro que conheço, concordo e cumprirei integralmente o estatuto do aluno e o regulamento interno da Unidade Orgânica.** |

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| O Encarregado de Educação, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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