

FORMULÁRIO DE MATRÍCULA

**CAMPOS EXCLUSIVOS PARA PREENCHIMENTO PELO IFC**

Ano de Ingresso:

FORMA DE INGRESSO / AÇÃO AFIRMATIVA

( ) Ampla Concorrência | ( ) Ação Afirmativa Modalidade de Ingresso CHAMADA:

FOTO

**1 – DADOS PESSOAIS**

NÚMERO DA MATRÍCULA (SISTEMA SIGAA)

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NOME CIVIL

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NOME SOCIAL

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E-MAIL DO ALUNO

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1. **DADOS DOS PAIS**

NOME DA MÃE

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NOME DO PAI

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1. **INFORMAÇ.ÕES DO ALUNO**

DATA NASCIMENTO ESTADO CIVIL GÊNERO

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( ) MASC. ( ) FEM. ( ) NÃO DECLARADO

1. **RAÇA**

( ) Amarelo (de origem oriental) | ( ) Branco | ( ) Indígena | ( ) Negro | ( ) Pardo |

( ) Remanescente de quilombo | ( ) Não Informado

1. **ENSINO MÉDIO:**

ESCOLA DE CONCLUSÃO DO ENSINO MÉDIO

Concluiu em escola: ( ) Pública ( ) Privada

Ano de conclusão do ensino médio:

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1. **OUTROS DADOS**

POSSUI ALGUM TIPO DE NECESSIDADE ESPECIAL? ( ) Sim ( ) Não | Se sim, qual?

Tipo Sanguíneo

OBS. Dados sobre saúde do aluno serão preenchidos em formulário próprio – DECLARAÇÃO DE SAÚDE

1. **NATURALIDADE**

PAÍS

UF

MUNICÍPIO

NACIONALIDADE

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1. **DOCUMENTAÇÃO**

RG

ORG. EMISSOR

UF

DATA DE EMISSÃO

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TÍTULO DE ELEITOR

ZONA

SEÇÃO

UF

------------------------------------ **EXCLUSIVO PARA OS ALUNOS DO SEXO MASCULINO ------------------------------------**

CERTIFICADO DE ALISTAMENTO MILITAR / CARTEIRA DE RESERVISTA

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1. **ENDEREÇO**

LOGRADOURO (Rua, Av., etc.)

NÚMERO

COMPLEMENTO

BAIRRO

CIDADE

ESTADO CEP

Observação sobre o endereço:

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1. **CONTATO**

TELEFONE RESIDENCIAL

CELULAR DO ALUNO

OUTRO CONTATO

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1. **DADOS BANCÁRIOS**

BANCO:

AGÊNCIA

CONTA CORRENTE

OPERAÇÃO:

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1. **GRADUAÇÃO**

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| INSTITUIÇÃO DE CONCLUSÃOCURSO:GRAU ACADÊMICO: ( ) BACHARELADO ( ) LICENCIATURA ( ) TECNÓLOGO TURNO EM QUE CURSOU A GRADUAÇÃO: ANO E PERÍODO DE CONCLUSÃO (ANO/SEMESTRE) |
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**DECLARAÇÃO**

Declaro que, ao efetuar a matrícula, estou ciente do dever de **cumprir todas as normas e regimentos internos do Instituto Federal Catarinense** e demais institutos legais**\*.**

 (SC), de de .

**Assinatura do(a) aluno(a)**

**Servidor responsável pela conferência da documentação:**

**(carimbo e assinatura)**

**TERMO DE AUTORIZAÇÃO DE USO DE IMAGEM**

# Eu, AUTORIZO o

uso de minha imagem em todo e qualquer material entre fotos e documentos, para ser utilizada em campanhas promocionais e institucional pelo Instituto Federal de Educação, Ciência e Tecnologia Catarinense, para serem essas destinadas à divulgação ao público em geral. A presente autorização é concedida a título gratuito, abrangendo o uso da imagem acima mencionada em todo território nacional e no exterior, das seguintes formas: (I) *outdoor*;

(II) *busdoor*; folhetos em geral (encartes, mala direta, catálogo, etc.); (III) folder de apresentação; (IV) anúncios em revistas e jornais; (V) *homepage*; (VI) cartazes; (VII) *backlight*; (VIII) mídia eletrônica (painéis, *videotapes*, televisão, cinema, programa para rádio, entre outros).

**Assinatura**

 (SC), de de .

**TERMO DE RESPONSABILIDADE POR DANOS MATERIAIS**

**Eu,**

# DECLARO

assumir total responsabilidade por qualquer dano que vier a causar por dolo ou culpa ao patrimônio do Instituto Federal Catarinense e comprometo-me a reparar financeiramente, tão logo forem feitas as apurações necessárias.

**Assinatura**

 (SC), de de .

**DECLARAÇÃO DE SAÚDE**

ALUNO

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1. **APRESENTA PROBLEMAS DE SAÚDE?** ( ) Sim ( ) Não

(Ex.: Diabetes, doenças cardíacas, alergias, acompanhamento psicólogo e/ou psiquiátrico, outros)

**Se sim**, qual?

*OBS.: Em caso de existência da documentação comprobatória do problema de saúde, o aluno ou seu responsável legal, se responsabiliza pela entrega de cópias destes documentos (na Secretaria e no Núcleo de Atendimento a Pessoas com Necessidades Específicas (NAPNE), no prazo de 15 dias a contar da matrícula.*

1. **APRESENTA ALGUMA NECESSIDADE ESPECÍFICA?** ( ) Sim ( ) Não

**Se sim**, indique qual:

( ) Baixa visão ( ) Cegueira

( ) Deficiência auditiva ( ) Surdez

( ) Surdocegueira

( ) Deficiência física

( ) Deficiência intelectual ( ) Deficiência múltipla

( ) Utiliza óculos, mas não precisa atendimento específico

( ) Outras - Especifique:

1. **APRESENTA TRANSTORNO GLOBAL DO DESENVOLVIMENTO?** ( ) Sim ( ) Não

**Se sim**, indique qual:

( ) Autismo

( ) Síndrome de Rett

( ) Síndrome de Asperger

( ) Transtorno desintegrativo da infância

( ) TDA – Transtorno de déficit de atenção

( ) TDAH – Transtorno de déficit de atenção e hiperatividade

( ) Outros - Especifique:

1. **UTILIZA ALGUM MEDICAMENTO DE USO CONTÍNUO?** ( ) Sim ( ) Não

**Se sim**, qual?

1. **APRESENTA ALTAS HABILIDADES/SUPERDOTAÇÃO?** ( ) Sim ( ) Não

Declaro serem verdadeiras as afirmações acima.

**Assinatura do(a) aluno(a)**