INFORME DE ASISTENCIA A LA ASAMBLEA GENERAL ORDINARIA

HOJA \_\_\_\_\_ DE \_\_\_\_\_\_

DE FECHA\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Nombre de la Cooperadora: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección General \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centro Educativo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Localidad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departamento: \_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| N° | Apellido y Nombre | D.N.I. N° | Padre / madre /tutor de | Otro caracter[[1]](#footnote-1) | Teléfono / correo electrónico | Firma |
| Alumno/a | Gr./Año |
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1. Indicar si es Docente, Vecino, Egresado, Alumno de Instituto Superior, etc. [↑](#footnote-ref-1)