**SOLICITUD DE PLAZA DEL SERVICIO DE COMEDOR ESCOLAR**

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| **1. DATOS PERSONALES DEL ALUMNO/A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primer apellido | | | | | | | | | | | | | | | Segundo Apellido | | | | | | | | | | | | | | | | | | | | | | | | | Nombre | | | | | | | | | | | |
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| Dieta especial  No  Sí | | | | | | | | Especifique tipo de dieta y la causa (alergia, intolerancia, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. DATOS FAMILIARES: PADRE**  **MADRE**  **TUTOR/A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primer apellido | | | | | | | | | | | | | | | Segundo Apellido | | | | | | | | | | | | | | | | | | | | | | | | Nombre | | | | | | | | | | | | |
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| DNI/NIE/Pasaporte | | | | | | | Teléfono | | | | | | | | | | | | | | | | | | | | Correo electrónico | | | | | | | | | | | | | | | | | | | | | | | | |
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| Domicilio | | | | | | | | | | | | | | | Localidad | | | | | | | | | | | | | | | | | | | Provincia | | | | | | | | | | | | C. Postal | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | ALBACETE | | | | | | | | | | | |  | | | | | |
| |  | | --- | | Los datos de carácter personal que se faciliten mediante este formulario quedarán registrados en un fichero cuyo responsable es la **Secretaría General de la Consejería de Educación, Cultura y Deportes** con la finalidad de **la gestión y seguimiento del expediente académico de los alumnos de los centros dependientes de la Consejería**. Por ello pueden ejercitar los derechos de acceso, rectificación, cancelación y oposición ante dicho responsable, **Bulevar del Río Alberche, s/n 45007** o mediante tramitación electrónica. Para cualquier cuestión relacionada con esta materia puede dirigirse a las oficinas de información y registro o al correo electrónico protecciondatos@jccm.es | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. DATOS ACADÉMICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Curso escolar | | | | | Centro docente | | | | | | | | | | | | | | | | Localidad | | | | | | | | | | | | | | | | | | | | | | | | | Provincia | | | | | |
| 2025-2026 | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | ALBACETE | | | | | |
| Educación infantil | | | | | | | | | | | | | | | | | | | Educación primaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tres años | | |  | | Cuatro años | | | | |  | | Cinco años | | | | |  | | 1º | | | |  | | | 2º | | |  | | 3º | |  | | | | 4º | | | |  | | 5º | |  | | | 6º | |  | |
| **4. SOLICITUD DE PLAZA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Servicio | | | | | | | | Uso | | | | | | | | | | | | | | Días previstos de asistencia | | | | | | | | | | | | | | | | | | | | | | | | Fecha de alta | | | | | |
| Mediodía | | | | | |  | | Habitual | | | | | | No habitual | | | | | | | | L  M  X  J  V | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Aula matinal | | | | | |  | | Habitual | | | | | | No habitual | | | | | | | | L  M  X  J  V | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Observaciones | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. DECLARACIÓN RESPONSABLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| La persona abajo firmante, en su propio nombre o en representación del solicitante, **DECLARA** ser ciertos los datos consignados en la presente solicitud comprometiéndose a probar documentalmente los mismos cuando se le requiera para ello. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. DATOS BANCARIOS A EFECTOS DE DOMICILIACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Titular de la cuenta (nombre y apellidos) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DNI/NIE | | | | | | | | | | | | | | | | |
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| Autorizo que los recibos del comedor/aula matinal del colegio o empresa adjudicataria sean cargados en esta cuenta: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IBAN | | | | | | Entidad | | | | | | | Sucursal | | | | | | | | | | | DC | | | | Cuenta | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. DOCUMENTACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Documento acreditativo de titularidad de cuenta corriente (IBAN) en caso de nueva alta o cambio de datos bancarios * Copia de certificado médico en caso de dieta especial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. FECHA Y FIRMA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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