**INFORME SOCIAL**

**NOMBRE** **DEL ALUMNO** ….................................................................................................................................... FECHA NACIMIENTO............................................................................ R.U.N. N°: ……………………….……………………

ESTADO CIVIL ............................................................... CARRERA ........................................................................

CURSO ......................................................... MATRÍCULA Nº .............................................................................

DOMICILIO PERIODO ACADEMICO .......................................................................................................................

................................................................ Nº ……………………………………………………………………………………………….. TELEFONO ...................................................................... CELULAR ......................................................................

DOMICILIO GRUPO FAMILIAR …………....................................................................................................................

Nº TELÉFONO ................................................................. CELULAR ....................................................................

DIRECCIÓN DEL TRABAJO DEL JEFE DE FAMILIA ………...........................................................................................

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Nº TELÉFONO ............................................................... CELULAR ........................................................................

**PETICIÓN QUE FORMULA**

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**ANTECEDENTES SOCIOECONÓMICOS DE LA FAMILIA**

Total de Ingresos netos mensuales del Jefe de Hogar $ ................................................  
Total de Ingresos netos mensuales de otros miembros del grupo familiar $ ................................................  
Total General de Ingresos $ ................................................  
Ingreso Per cápita $ …………………………………………….

**POSESIÓN Y CALIDAD DE BIENES MUEBLES E INMUEBLES**

**VIVIENDA**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *CASA* |  | *DEPTO* |  | *PIEZA* |  | *OTROS* |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Const. Sólida* |  | *Const.Ligera, adobe* |  | *Const. Madera* |  | *Const. Mixta* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Buena* |  | *Regular* |  | *Mala* |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Propietarios* |  | *Adquirientes* |  | *Arrendatarios* |  | *Allegados* |  | *Usufructuario* |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Const. Sólida* |  | *Const.Ligera, adobe* |  | *Const. Madera* |  | *Const. Mixta* |  |

**OBSERVACIONES** (Descripción general del Barrio)

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**BIENES MUEBLES** (Descripción de la cantidad, calidad y estado de conservación, mobiliario y artículos sanitarios).

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**AUTOMÓVIL U OTRO VEHÍCULO**

|  |  |  |  |
| --- | --- | --- | --- |
| *POSEE* |  | *NO POSEE* |  |

Tipo de vehículo que posee ..................................................................................................................................

Marca ......................................................................................................................... Año ..................................

**SERVICIO DOMÉSTICO**

|  |  |  |  |
| --- | --- | --- | --- |
| *TIENE* |  | *NO TIENE* |  |

Observaciones:

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**ANTECEDENTES FAMILIARES**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | | |  |  |  |
| **NOMBRE** | Fecha de Nacimiento | Parentesco | Estado Civil | Nivel de escolaridad | Actividad Ocupacional | Establecimiento donde estudia o trabaja | Previsión de salud | Ingresos | | |
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Observaciones:

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**SÍNTESIS DEL CASO Y OPINIÓN ASISTENTE SOCIAL**

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NOMBRE FIRMA ASISTENTE SOCIAL .....................................................................................................................

INSTITUCIÓN DONDE TRABAJA. ………....................................................................................………………………….…

DIRECCIÓN ............................................................................................ TELÉFONO ….…...................................….

Nº DE REGISTRO COLEGIATURA O RUT ………………………………………………...................................................………….

FECHA ……………...........................................................................……………