**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 ………...........................................................................................

...............................................................................................................................................................................

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

**PETICIÓN QUE FORMULA**

.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**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)

............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. ...............................................................................................................................................................................

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

............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. ...............................................................................................................................................................................

**AUTOMÓVIL U OTRO VEHÍCULO**

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

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

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

**SERVICIO DOMÉSTICO**

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

Observaciones:

.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**ANTECEDENTES FAMILIARES**

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

Observaciones:

.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**SÍNTESIS DEL CASO Y OPINIÓN ASISTENTE SOCIAL**

.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

.............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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

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

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

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

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