PC03-02-IMP-02 | 05 Classificação: 00.00.00

ENROLLEMENT DATE	READER NUMBER To be filled by our staff)	THE TECHNICIAN
FULL NAME		
DATE OF BIRTH	NACIONALITY	
CITIZEN CARD / PASSPORT	TAXPAYER NUMBER	GENDER
ADDRESS		
POSTCODE CITY		
PHONE / MOBILE E-MA	AIL	
OCCUPATION	QUALIFICATIONS	
SCHOOL / KINDERGARDEN	DEGREE	
PARENT / TUTOR		PHONE / MOBILE
I give permission to be notified to the ema	nil presented Yes Do you pre	fer the virtual card? Yes
Upon the act of registration, it is necessary and proof of address (for instance, water by his/her parent or tutor. The validation same.	or light bill, etc.) If the reader is	underage, this form must be signed
I HAVE READ AND ACCEPT THE RULES AT ASSUMING RESPONSABILITY FOR ALL INF		
I give my express consent [cfr. Art.6 the treatment of my data by the Municipal		
Signature		

