**ACTIVIDADES EXTRAESCOLARES**

**Solicitud de transporte**

**I. DATOS GENERALES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nombre de la actividad:** |  | | | | | | | **Lugar de realización:** | | | |  | | | | |
|  |  | | | |  | | | | | | | | |  | | |
| **Profesor responsable:** |  | | | | | | | **Asignatura:** | | | |  | | | | |
|  |  | | | |  | | | | | | | | |  | | |
| **Fecha prevista:** |  | | **Hora de salida del instituto:** | | |  | | | | **Hora de llegada al instituto:** | | | | |  | |
|  |  | | | | | |  | | | |  | | | | | |
| **Grupos:** |  |  | |  | | | | |  | | | |  | | |  |

**II. PREVISIÓN DE ALUMNOS ASISTENTES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Número total de alumnos:** |  | | **Número total de profesores:** |  | |
|  |  |  | | |  |
| **Número de alumnos con movilidad reducida:** |  | | **Número de profesores de apoyo:** |  | |

Fecha de la petición:

Colmenar Viejo, ……….. de ………………………………………………. de ……………..

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **III. INFORMACIÓN SOBRE EL TRANSPORTE**  *A cumplimentar por el Departamento de Extraescolares o, en su defecto, por la Secretaría del Centro.*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Presupuesto del transporte solicitado:** |  | | **Número de alumnos:** |  | | |  |  |  | | |  | | **Número de profesores:** |  | | **Aportación por alumno:** |  | | |