**ANO LETIVO** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**Nome Completo**

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**N.º Contribuinte** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contacto telefónico**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dia ou período da(a) falta(s)**

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**Módulos em que falta**

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Nota: Para faltas por um período igual ou superior a 15 dias úteis é necessário anexar comprovativo.

**Assinatura** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Data** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_