GOVERNO DO ESTADO DE SÃO PAULO

SECRETARIA DA EDUCAÇÃO

**DIRETORIA DE ENSINO REGIÃO MIRACATU**

Av. Dona Evarista de Castro Ferreira, s/nº - Centro – Miracatu

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**TERMO DE DESISTÊNCIA**

Declaro para os devidos fins que, o(a) aluno \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ é regularmente matriculado e está frequentando \_\_\_\_\_\_\_\_ série/ano, no período \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grau de parentesco

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ portadora da RG Nº: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declaro que estou ciente e me responsabilizo pelo(a) aluno (a) acima citado à não frequentar ao Atendimento Educacional Especializado (AEE), pelo seguinte motivo:

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­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Ass. Prof. Especialista)**

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**(Assinatura do Responsável)**