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| **ACTIVIDAD** |  | **FECHA** | D | M | AA |

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| **N°** | **NOMBRE DEL PARTICIPANTE*****(Niño(a) o adolescente con vínculo familiar a estudiante, docente, administrativo de la UFPS)*** | **RESPONSABLE Y/O ACUDIENTE** |
| **APELLIDOS Y NOMBRES** | **DOCUMENTO DE IDENTIFICACIÓN** | **CÓDIGO** | **Estudiante** | **Docente** | **Administrativo** | **DEPENDENCIA** | **TELEFONO** | **FIRMA** |
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