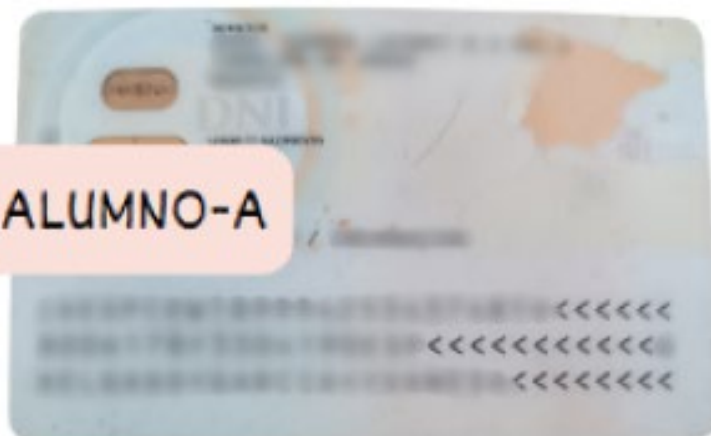
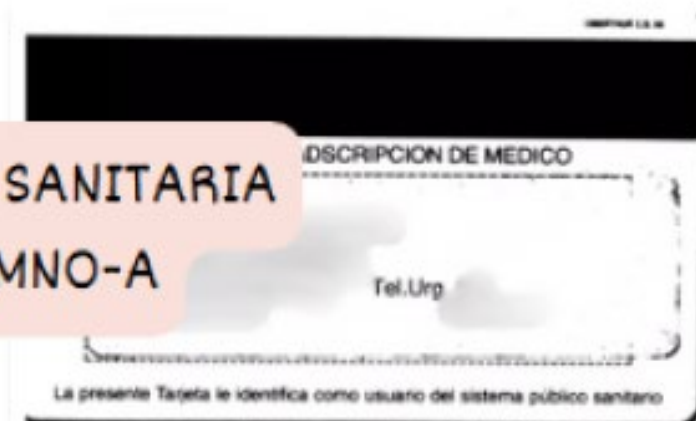




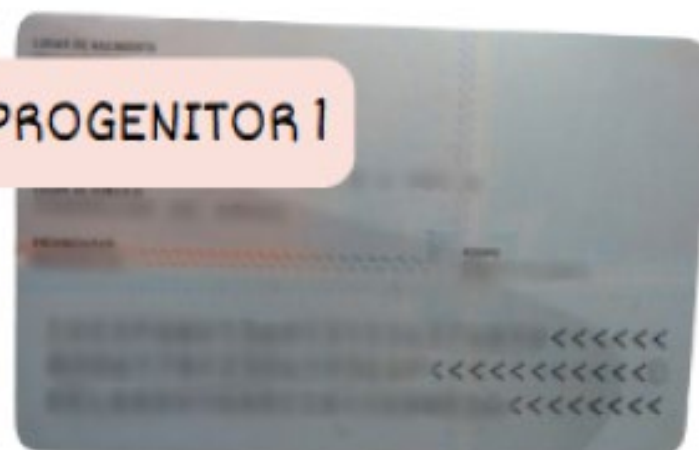
DNI / NIE ALUMNO-A



TARJETA SANITARIA
ALUMNO-A



DNI / NIE PROGENITOR 1



DNI / NIE PROGENITOR 2

