

FILLING INSTRUCTIONS FOR ISSUING THE
TRANSFER DOCUMENT FOR BINATIONAL MIGRANT STUDENT USA-MEXICO
ELEMENTARY EDUCATION

DOCUMENTO DE TRANSFERENCIA
DEL ESTUDIANTE MIGRANTE BINACIONAL
MÉXICO • EUA
PRIMARIA
1° A 6° GRADO



TRANSFER DOCUMENT
FOR BINATIONAL MIGRANT STUDENT
USA • MEXICO
ELEMENTARY
1-6

SEP
SECRETARÍA DE
EDUCACIÓN PÚBLICA



ESTE DOCUMENTO DE TRANSFERENCIA ES VÁLIDO EN LOS ESTADOS UNIDOS MEXICANOS Y NO REQUIERE TRÁMITES ADICIONALES DE LEGALIZACIÓN
THIS TRANSFER DOCUMENT IS VALID AND DOES NOT REQUIRE ANY ADDITIONAL LEGALIZATION

OBJECTIVE

Orderly provide information that enables the correct filling of the “Transfer Document for Binational Migrant Students US-MEXICO” of Elementary Education for students traveling between the two countries.

IMPORTANT

- In the case of students of elementary education from the United States, the proof of schooling may be the “Transfer Document for Binational Migrant Student USA- Mexico”. **This document shall be accepted without restrictions by schools and by the different School Control Areas, the location of students will take place immediately in accordance with the degree indicated in the document.**

-Students submitting the Transfer Document may register at any time of the school year, subject to the provisions stated on the “Specific Norms of School Control Related to the Registration, Re-inscription, Accreditation, Promotion, Regularization and Certification for Basic Education”.

- For students registration, in case they don't have the Transfer Document, their location will be based on the document submitted or by the method used in the location.

The school authorities in coordination with the mother, father or guardian will determine, by the application of a diagnostic evaluation, the compensatory measures necessary to level the knowledge of the learner.

- **The Transfer Document for Binational Migrant Student Mexico - US is comparable to the Evaluation Report that is used in the national education system.** Therefore, the resolution of recognition of studies for any formalities is not required; it may be issued in printed or electronic versions, and does not require legalization.

- Responsible for issuing the Transfer Document in Mexico: School Control Area or the Principal of the Elementary School. In the United States: the Consulate of Mexico or the Principal of the Elementary School, as appropriate.

GENERAL INFORMATION

- Please read carefully these instructions before filling the “Transfer Document for Binational Migrant Student US-Mexico”.

- **Issue a transfer document for each grade of elementary education.**

- Record the information in Capital Letters and Arabic Numerals.

- No erasures, deletions or amendments are allowed.

- The signature of the person responsible for issuing the document, must be handwritten in black ink. When registering the name skip the profession.

- **Any unused or un-reported spaces must be canceled with a horizontal line.**

FILLING INSTRUCTIONS

FRONT

INFORMACIÓN ACADÉMICA/ACADEMIC INFORMATION						
(1) 4 ^o			(2) 2015-2016			
GRADO GRADE	PERIODO ESCOLAR SCHOOL YEAR					
(3) 24	08	2015	15	07	2016	
PERIODO QUE REPORTA REPORTING PERIOD	DEL DÍA FROM DAY	MES MONTH	AÑO YEAR	AL DÍA TO DAY	MES MONTH	AÑO YEAR
(4) RUBÉN DARÍO	NOMBRE DE LA ESCUELA NAME OF SCHOOL					
(5) CRUZ VERDE NÚM. 86	DISTRITO FEDERAL		MAGDALENA CONTRERAS			
DOMICILIO ADDRESS	CIUDAD CITY		MUNICIPIO COUNTY			
DISTRITO FEDERAL	212		10000			
ESTADO STATE	ZONA ESCOLAR DISTRICT		CÓDIGO POSTAL ZIP CODE			

INFORMACIÓN DEL ESTUDIANTE/STUDENT INFORMATION	
(6) MARISELA ROSALES ORTIZ	NOMBRE COMPLETO DEL ESTUDIANTE COMO SE UTILIZA EN MÉXICO PUPIL'S NAME AS USED IN MÉXICO
	(7) ROOM061027MDFSRR01
	CLAVE ÚNICA DE REGISTRO DE POBLACIÓN (CURP)
(8) 27-10-2006	(9) FEMENINO
(10) ROSALES GONZÁLEZ ARTURO	FECHA DE NACIMIENTO (DÍA-MES-AÑO) DATE OF BIRTH (DAY-MONTH-YEAR)
	SEXO SEX
(11) ORTIZ AYALA SOCORRO	NOMBRE DEL PADRE O TUTOR (APELLIDO-NOMBRE) FATHER'S NAME/GUARDIAN (LAST-MIDDLE-FIRST)
	NOMBRE DE LA MADRE O TUTORA (APELLIDO-NOMBRE) MOTHER'S NAME/GUARDIAN (LAST-MIDDLE-FIRST)

PARA OBTENER INFORMACIÓN ADICIONAL DE EDUCACIÓN ESPECIAL O DE SALUD DEL ESTUDIANTE, FAVOR DE COMUNICARSE CON: FOR ADDITIONAL INFORMATION ON PUPIL'S SPECIAL EDUCATION OR HEALTH NEEDS CONTACT:		
(12) NOMBRE/NOME ANABEL RIVERA FABILA	TELÉFONO/TELEPHONE 55-88-00-03	INFORMACIÓN ADICIONAL/ADDITIONAL INFORMATION
		<input type="checkbox"/> SALUD HEALTH
		<input checked="" type="checkbox"/> EDUCACIÓN ESPECIAL SPECIAL EDUCATION

VALIDACIÓN/VALIDATION	
(13) NORA CASTILLO GONZÁLEZ	SE RECOMIENDA SE TOME EN CUENTA LA OPINIÓN DEL TUTOR O PADRES DE FAMILIA Y LA DE LAS AUTORIDADES DE LA ESCUELA PARA DETERMINAR SI EL ALUMNO REQUIERE ATENCIÓN ESPECIAL
NOMBRE Y FIRMA DEL PROFESOR O DIRECTOR TEACHER'S OR PRINCIPAL'S NAME AND SIGNATURE	IT IS RECOMMENDED TO CONSIDER GUARDIAN OR PARENTS AND SCHOOL STAFF OPINION IN ORDER TO DECIDE IF THE PUPIL NEEDS SPECIAL ATTENTION

SE SANCIONARÁ A QUIEN CON DOLO O FINES LUCRATIVOS REPRODUZCA TOTAL O PARCIALMENTE ESTE FORMATO
ANYONE WHO REPRODUCES PARTIALLY OR TOTALLY THIS DOCUMENT FOR ANY BUSINESS PURPOSE WILL BE PROSECUTED

Register:

- (1) The degree the student is enrolled.
- (2) The corresponding school year, according to the following example: 2015-2016.
- (3) Double-digit day and month and four-digit year reporting period until the time of his transfer.
- (4) The official name of the school.
- (5) The address where the school is located.
- (6) The student's full name, as it is shown in the certified copy of the birth certificate or equivalent document¹ in the following order: Name (s), first name and middle name.
- (7) The Unique Key Population Registration (CURP), if the student has one.
- (8) Student's date of birth with double-digit day and month and four-digit year.
- (9) Sex corresponding to student (male or female).
- (10) The full name of the father or guardian, starting by their last name, if any.
- (11) The full name of the mother or guardian, starting by their last name, if any.
- (12) The name and telephone number of the person who can provide further information on the health or special education needs of the student, immediately enter an "X" in the box.
- (13) The full name and signature of the person responsible for issuing the Transfer Document for Binational Migrant Student Mexico - US, not mentioning his profession. The signature should be recorded until the expedition of the document.

¹ Document equivalent to the Mexican birth certificate, issued to the foreign in their country of origin; Naturalization Certificate. Adoption Certificate, Legal Recognition, Passport, Consular Certificate, Immigration Document or National Identity Document.

<http://www.controlescolar.sep.gob.mx>

REVERSE

	(14)	(15)	(16)
ASIGNATURAS SUBJECTS	PROMEDIO DEL PERIODO QUE REPORTA PORTAL GRADE OF AVERAGE	OBSERVACIONES OBSERVATIONS	SUGERENCIAS SUGGESTIONS
ESPAÑOL SPANISH	10	¡FELICIDADES, SIGUE ADELANTE!	
INGLÉS ENGLISH			
MATEMÁTICAS MATHEMATICS	7.2		
EXPLORACIÓN DE LA NATURALEZA Y LA SOCIEDAD NATURE AND SOCIETY EXPLORATION			
LA ENTIDAD DONDE VIVO THE STATE WHERE I LIVE			
CIENCIAS NATURALES NATURAL SCIENCES	8.4		
GEOGRAFÍA GEOGRAPHY	6.0		REFORZAR ESTUDIO DE UBICACIÓN DE CONTINENTES Y OCÉANOS
HISTORIA HISTORY	8.5		
FORMACIÓN CÍVICA Y ÉTICA CIVICS AND ETHICS FORMATION	8.1		
EDUCACIÓN FÍSICA PHYSICAL EDUCATION	10		
EDUCACIÓN ARTÍSTICA ARTISTIC EDUCATION	10		

ESCALA DE CALIFICACIONES GRADING SCALE		
NOTACIÓN NOTATION	INTERPRETACIÓN INTERPRETATION	
0-5.9	F DID NOT PASS	NO PROMOVIDO
6	D NOT SATISFACTORY	P R O M O V I D O P A S S E D
7	C AVERAGE	
8	B GOOD	
9	A VERY GOOD	
10	A + EXCELLENT	

AL TRANSITAR A LOS ESTADOS UNIDOS DE AMÉRICA SE RECOMIENDA ACOMPAÑAR AL PRESENTE DOCUMENTO CON LA CARTILLA NACIONAL DE VACUNACIÓN

WHEN TRAVELING THROUGH THE USA IT IS RECOMMENDED TO BRING THE NATIONAL VACCINATION CARD

INFORMACIÓN SOBRE EL PROGRAMA BINACIONAL DE EDUCACIÓN MIGRANTE
INFORMATION ABOUT THE BINATIONAL PROGRAM FOR MIGRANT STUDENT

EN MÉXICO: EN EL ÁREA DE CONTROL ESCOLAR DE LA SECRETARÍA DE EDUCACIÓN U ORGANISMO PÚBLICO DESCENTRALIZADO UBICADA EN LA CAPITAL DE CADA ESTADO.
EN EL DISTRITO FEDERAL EN LA DIRECCIÓN GENERAL DE ACREDITACIÓN, INCORPORACIÓN Y REVALIDACIÓN (DGAIR), ARCOS DE BELÉN NÚM. 79, 5º PISO, COL. CENTRO, C.P. 06610, DELEG. CUAUHTEMOC, TEL. 36-01-31-17, EN LA LÍNEA GRATUITA DE ATENCIÓN TELEFÓNICA EXCLUSIVA PARA CONSULTAS RELACIONADAS CON EL DOCUMENTO DE TRANSFERENCIA, 01 800 288 42 68

IN MEXICO: IN THE SCHOOL ADMINISTRATION IN THE STATES CAPITAL CITIES.

EL DOCUMENTO DE TRANSFERENCIA DEL ESTUDIANTE MIGRANTE BINACIONAL MÉXICO-EUA ES EQUIPARABLE AL REPORTE DE EVALUACIÓN DEL SISTEMA EDUCATIVO NACIONAL, POR LO TANTO NO SE REQUIERE LA RESOLUCIÓN DE REVALIDACIÓN DE ESTUDIOS PARA TRÁMITE ALGUNO.
SINCE THE TRANSFER DOCUMENT IS EQUIVALENT TO A "REPORTE DE EVALUACIÓN" IT DOES NOT NEED A "RESOLUCIÓN DE REVALIDACIÓN DE ESTUDIOS" NOR ANY ADDITIONAL REQUIREMENTS.

(17) FOLIO A

BA17024

ESTE DOCUMENTO DE TRANSFERENCIA NO ES VÁLIDO SI PRESENTA BORRADURAS O ENMENDADURAS
THIS DOCUMENT IS NOT VALID IF IT HAS BEEN ALTERED

Register:

(14) The average obtained in the subjects of the reporting period, according to the rating scale in Document Transfer. If the document is issued in Mexico, this average will be expressed in tenths of a truncated number.

(15) Observations on the student's results or recommendations that can support his/her development.

(16) The suggestions from the teacher or principal to the parents or guardians in order to reinforce the learning of the student.

(17) The folio number which is assigned by the School Control Area.