AL DIRIGENTE SCOLASTICO

LICEO SCIENTIFICO STATALE

“GALILEO GALILEI”

SELVAZZANO DENTRO (PD)

Il/La sottoscritto/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ genitore dell’alunno/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nato/a a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

frequentante nell’anno scolastico \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ la classe \_\_\_\_\_\_\_\_\_\_\_ sez. \_\_\_\_\_\_\_\_\_

CHIEDE

il rimborso del contributo di € \_\_\_\_\_\_\_\_\_\_\_\_ versato per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dati per l’eventuale rimborso

 CONTO CORRENTE BANCARIO/POSTALE:

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

 (COGNOME E NOME INTESTATARIO DEL CONTO) (DATA E LUOGO DI NASCITA)

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 (CODICE FISCALE )

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 (LUOGO E INDIRIZZO DI RESIDENZA)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 (CODICE IBAN)

 FIRMA

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

 lì\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_