Al Dirigente Scolastico

I.I.S. “L.Nostro/L.Repaci”

Villa San Giovanni

Con la presente \_l\_ sottoscritt\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CODICE FISCALE:

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genitore dell'alunn\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ classe **\_\_** sez. **\_\_**

CHIEDE

il rimborso di **€ \_\_\_,\_\_** versati per il viaggio/uscita a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Villa San Giovanni, \_\_\_\_/\_\_\_\_/\_\_\_\_

FIRMA

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**Modalità di rimborso:**

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|  | **SPORTELLO BANCA MONTE DEI PASCHI DI SIENA DI VILLA SAN GIOVANNI** |

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|  | **ACCREDITO CONTO CORRENTE BANCARIO** (Indicare sotto codice IBAN) |

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