**Al Dirigente Scolastico**

**del Liceo Classico Statale “F. Capece”**

**73024 Maglie (LE)**

Il/La sottoscritto/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nato/a a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Codice Fiscale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residente in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_\_\_\_\_, **genitore** dell’alunno/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ frequentante la classe \_\_\_\_\_\_\_ sez.\_\_\_\_\_\_\_\_\_

**CHIEDE**

1. **il rimborso della somma di €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ versate per la partecipazione al viaggio di istruzione a Praga con mezzo aereo previsto per il periodo dal 4 all’ 8 marzo 2020 annullato a causa della situazione emergenziale dovuta alla diffusione del COVID-19**

Si chiede che la suddetta somma sia riscossa mediante una delle seguenti modalità:

**Intestatario del c/c** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Accredito C/C bancario:**

Banca \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Filiale di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 2 car. | | 2 car. | | 1 car | 5 caratteri | | | | | 5 caratteri | | | | | 12 caratteri | | | | | | | | | | | |
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| **PAESE** | | **CHECK** | | **CIN** | **ABI** | | | | | **CAB** | | | | | **N° CONTO** | | | | | | | | | | | |

* **Accredito C/C Postale:**

Poste Italiane Prov. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Filiale di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 2 car. | | 2 car. | | 1 car | 5 caratteri | | | | | 5 caratteri | | | | | 12 caratteri | | | | | | | | | | | |
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| **PAESE** | | **CHECK** | | **CIN** | **ABI** | | | | | **CAB** | | | | | **N° CONTO** | | | | | | | | | | | |

* **Carta Poste Pay Evolution:** intestata a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**allegare copia frontespizio della carta.**

In Fede

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