**RICHIESTA RIMBORSO**

Al Dirigente Scolastico

Liceo Scientifico “**A. GRAMSCI**”

Via Ezio Albert on, 10/A – 10015 – IVREA (TO)

Il/La sottoscritt \_\_ (intestatario del conto)

genitore dell’alunn \_\_

iscritto per l’anno scolastico 2019/20 alla classe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHIEDE**

Il rimborso dell’importo di € \_\_\_\_\_\_\_\_\_\_\_\_\_\_ relativo a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per annullamento a causa dell’emergenza epidemiologica da CoVid-19.

BANCA / POSTA

IBAN: (27 caratteri)

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Codice Fiscale intestatario conto:

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Data e luogo di nascita intestatario conto:

Comune di Residenza intestatario conto:

Indirizzo di Residenza intestatario conto:

Recapito telefonico:

Indirizzo di posta elettronica:

(data) (firma)