Al Dirigente Scolastico

IIS Polo “L. Bianciardi”

Prof. Marco D’Aquino

Il/La sottoscritto/a ……………………………………………………………………………………………

Nato/ ……………………………………………………………….il----------------------------------------

Codice fiscale……………………………………………………tel…………………………………………….

Genitore dell’alunno/a……………………………………………………………………………………….

Frequentante la classe………………………………………………………………………………………..

Richiede il rimborso dell’anticipo di € …………………………versato per

* (inserire causale rimborso) ……………………………………………………………

MODALITA’ DI RIMBORSO

* Accredito c/c bancario (indicare codice IBAN)

Codice IBAN

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