**Da restituire compilato alla scuola** *(tramite docente/coordinatore di classe)*

Io sottoscritto/a , in qualità di:

* Genitore
* Delegato
* Tutore
* Responsabile genitoriale

al fine di aggiornare la banca dati dell’istituto, necessaria per trasmettere eventuali comunicazioni del Dipartimento di Prevenzione della ASL , comunico/a all’Istituzione scolastica i seguenti dati (scrivere in stampatello):

Codice Fiscale alunno/a

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da associare all’alunno/a , iscritto/a alla classe/sezione, Infanzia [ ] Primaria [ ] medie [] sezione del plesso

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