**Prot. n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**del \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Al Dirigente Scolastico**

**I.T.I.S. “G. Galilei”**

**31015 Conegliano (TV)**

**Oggetto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Il sottoscritto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ allievo iscritto per l’a.s. \_\_\_\_\_\_\_\_/\_\_\_\_ alla classe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ di questo Istituto,

**chiede**

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Cell. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Data \_\_\_\_\_\_\_\_\_\_\_\_

Firma Allievo

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| --- | --- | --- |
| **VISTO: 🞏 SI AUTORIZZA** |  | **IL DIRIGENTE SCOLASTICO** |
| **🞏 NON SI AUTORIZZA** |  | **Dott.ssa Maria Chiara Massenz** |