**DELEGA PER IL SERVIZIO DI TRASPORTO SCOLASTICO.**

**I sottoscritti *(generalità dei genitori o esercenti potestà genitoriale)***

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| COGNOME |  | | NOME | | |  | | | | |
| NATO A |  | | | | | DATA di NASCITA | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | |
| CODICE FISCALE | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| Via/Piazza |  | | | | | | | | N. CIV. |  |
| COMUNE | MOSCIANO S. ANGELO | Prov. | | TE | TEL. -  CELL. | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | |
| E mail |  |

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| E mail |  |

**nella qualità di genitori/esercenti la potestà genitoriale del minore**

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| CODICE FISCALE | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | |
| Scuola frequentata dallo studente nell’anno scolastico 2022/2023: | | | | |
| Classe di frequenza: 🞏 1 🞏 2 🞏 3 🞏 4 🞏 5 (barrare il quadratino relativo alla classe frequentata) | | | | |

**AUTORIZZANO**

**in assenza dei sottoscritti, l'autista e gli assistenti dello scuolabus a consentire che il/la minore venga prelevato/a e preso/a in carico al rientro dai seguenti soggetti delegati (indicare al massimo due soggetti):**

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| COGNOME |  | | NOME | | |  | | | | |
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| CODICE FISCALE | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
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**il/la quale, in qualità di (famigliare, vicino di casa, ...)**

**accetta e sottoscrive la presente delega.**

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| COGNOME |  | | NOME | | |  | | | | |
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| CODICE FISCALE | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
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**il/la quale, in qualità di (famigliare, vicino di casa, ...)**

**accetta e sottoscrive la presente delega.**

**Consenso al trattamento dei dati personali**

Con la firma apposta in calce alla presente, si sottoscrive quanto sopra dichiarato e si presta inoltre il proprio consenso al trattamento dei dati per le finalità e con le modalità indicate nell'informativa privacy di cui si invita a prendere visione.

*Mosciano Sant'Angelo, data*

**Firma della madre**

**Firma del padre**

**Firma della persona delegata**

**Firma della persona delegata**

Si allegano i documenti di riconoscimento dei genitori e della/e persona/e delegata/e, a pena di irricevibilità della delega.