

To the School Headmaster
of Comprehensive Institute
Istituto Comprensivo

Trieste

I, the undersigned _____ exercising parental authority

on the pupil Surname _____ Name _____

born on the _____ in _____ (_____)

resident in _____

in via/piazza _____

enrolled for the school year _____ in the class _____

of the Primary/Secondary School

requests the authorization

to the enrollment of their child/children to the Primary/Secondary School _____

_____ dependent on the Comprehensive Institute *Istituto*
Comprensivo

The undersigned, aware that anyone making false statements is punishable under the Penal Code and special laws on the subject, pursuant to art. 46 of Presidential Decree n. 445/2000, also declares:

☐ the choice is made in agreement with the other parent

☐ to be the only one exercising parental authority

Trieste,

Signature