

To the School Director
Comprehensive Institute

Istituto Comprensivo

TRIESTE

The undersigned _____ born in _____ on the _____

mother / father of the student _____ attending the class

_____ sect. _____ Tel./Mobile _____

As a consequence of _____
(indicate the diagnosis)

A s k s

_____ exemption _____ from Physical Education classes until _____
the extension of the exemption

Please find enclosed:

- 1) Medical certificate issued on _____ by _____
- 2) _____

Trieste,

(Signature)

AA

Comprehensive Institute *Istituto Comprensivo* _____

READ AND ACCEPTED:

The School Principal

Trieste,