

PROXY FORM FOR DELIVERY/COLLECTION

OF THE PUPIL _____

(FORM TO BE FILLED IN AND GIVEN TO THE TEACHER OR THE CLASS COORDINATOR)

The undersigned _____, born in _____ on the ____/____/____,

and

_____, born in _____ on the ____/____/____,

parents (or exercising parental responsibility) of the student _____ born

in _____ on the ____/____/____

attending class ____ sect. ____ of the plexus _____

D E L E G A T E

for the entire cycle of studies at the Institute, the persons listed below who are of age to deliver/return their child/children in case of need, relieving the School of all responsibility:

N.B. To be attached photocopy of the document of the delegated persons.

Place _____, ____/____/____

The father: _____

The mother: _____

The undersigned, aware of the administrative and penal consequences for those who issue statements not corresponding to the truth, pursuant to Presidential Decree 245/2000, declares to have made the choice/request in compliance with the provisions on parental responsibility as per articles 316, 337 ter and 337 quater of the Civil Code, which require the consent of both parents.

The sole signatory parent: _____¹

Last name	First name	Relationship/friends hip	Type and number of document	Issued by	Phone number

¹ Attach a copy of the identification document of the parent making the declaration in accordance with DPR n. 245/2000.