

SISSAScuola
Internazionale
Superiore di
Studi Avanzati**FORM A**

To the HUMAN RESOURCES OFFICE

Object: Private summer schools in agreement with SISSA – year 2024.

The undersigned _____

As a parent/tutor/foster parent/parental responsibility holder of

born in _____ on _____

considering that the weekly contribution (based on the equivalent economic situation indicator – Italian ISEE) for the enrolment of the above-mentioned child to private summer schools in agreement with SISSA in 2024 corresponds to € _____, 00 /week/child

REQUESTS

to make use of the agreements between SISSA and the private summer camps as follows:

From	To	Summer camp name

Furthermore, I declare that the child has already been enrolled to the above-mentioned private summer schools.

With reference to the previous statement:

- I confirm the requested weeks, as stated above
 I waive the contribution for no. ____ of weeks requested in my previous statement

The undersigned authorizes the processing of personal data, that will be used only for the procedures relevant to the granting of the contributions for the summer schools, in accordance with Law 196/2003 and the European Regulation 2016/679 (General Data Protection Regulation).

Trieste,

____ / ____ / ____

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