**(FAC-SIMILE)**

**SCHEDA CENSIMENTO FIGLIA/O** (*dati del censito da scrivere in stampatello)*

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| --- | --- | --- | --- |
| Cognome |  | Nome |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| nato/a |  | ( ) | il | / / | nazionalità |  |

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| residente a |  | ( ) | CAP |  |

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| --- | --- | --- | --- |
| in Via/Piazza |  | civico |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel. casa |  | Cellulare ragazza/o |  |

|  |  |
| --- | --- |
| e-mail ragazza/o |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Religione |  | Cittadinanza |  |

|  |  |
| --- | --- |
| Parrocchia frequentata (o geografica) |  |

|  |  |
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| Scuola Frequentata |  |

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**RIVISTA**

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| --- | --- | --- |
| * desidera ricevere la rivista associativa in formato cartaceo |  | NON desidera ricevere la rivista associativa in formato cartaceo |

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**DATI GENITORI**

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| --- | --- | --- | --- |
| Cognome |  | Nome |  |

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| --- | --- | --- | --- |
| cellulare |  | Tel. casa |  |

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| e-mail genitore |  |

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| --- | --- | --- | --- |
| Cognome |  | Nome |  |

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| cellulare |  | Tel. casa |  |

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| --- | --- |
| e-mail genitore |  |

|  |  |
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| Firma del genitore che compila |  |

**✂---------------------------------------------------------------------------------**

**Consegnare ai capi unità con la quota del censimento, il modulo della privacy e la scheda sanitaria entro e non oltre il ………………………..**