**Città di Enna**

**Servizio Pubblica Istruzione**

**Domanda iscrizione servizio mensa scolastica - alunni scuole primarie e secondarie di 1° grado**

**Anno Scolastico 20\_\_\_/20\_\_\_**

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| COGNOME E NOME ALUNNO |
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IL SOTTOSCRITTO/A

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**Chiede**

-che il /la figlio/a che frequenta la classe\_\_\_\_\_\_\_\_\_\_ della scuola \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

possa usufruire del servizio di refezione scolastica per l’anno scolastico 20\_\_\_/20\_\_\_;

A tal fine dichiara ai sensi dell’art. 76 del DPR n. 445/2000 che il valore dell’indicatore della Situazione Economica Equivalente (I.S.E.E.) rilasciata ai sensi del DPCM n. 159 del 5/12/2013, in corso di validità, ammonta ad € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e che, pertanto, è tenuto al versamento della contribuzione corrispondente:

per attestazione I.S.E.E. inferiore a € 7.500,00 gratuito

da € 7.500,01 a € 15.000,00 € 1,25

superiore a € 15.000,01 € 2,50

Allega alla presente:

**1)** Ricevuta del versamento PAGOPA eseguita in favore all’**Area 1 Servizio Pubblica Istruzione – Comune di Enna**, relativa alla contribuzione versata o in alternativa copia del pagamento effettuato tramite POS effettuato direttamente presso i nostri uffici di Via della Resistenza, 1;

**2)** Fotocopia del documento di riconoscimento.

**3) Dichiarazione Sostitutiva di Certificazione riguardo la presenza o meno di allergie e/o intolleranze alimentari. La dichiarazione va redatta e sottoscritta anche in caso di assenza di allergie e/o intolleranze.**

**Firma del genitore**

**Il sottoscritto dichiara di essere consapevole che i dati contenuti nella presente richiesta possono essere utilizzati esclusivamente nell’ambito e per i fini istituzionali propri della Pubblica Amministrazione (Decreto legislativo 30/6/2003, n. 196 e Regolamento ministeriale 7/12/2006 n. 305 s.m.i.)**

**Data Firma**

Al Comune di

Enna

**DICHIARAZIONE SOSTITUTIVA DI CERTIFICAZIONE**

resa anche ai sensi dell’articolo 46 D.P.R. 445 del 28 dicembre 2000

Il/La sottoscritto/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_, nato/a a \_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residente a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_) in Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_\_\_,

in qualità di genitore/tutore dell’alunno/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nato a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_) il\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ frequentante l’istituto scolastico 2024/2025 classe \_\_\_\_\_\_\_ sezione \_\_\_\_\_\_\_\_\_

**DICHIARA**

Sotto la propria responsabilità che il proprio figlio/a segue abitualmente un regime alimentare speciale per motivi **religiosi oppure presenta allergie e/o intolleranza alimentare, come da certificazione medica allegata,** escludendo gli alimenti che di seguito si indicano:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Si allega

* Certificazione medica;

Enna Lì\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Il Genitore dell’alunno/a