SISSA
Scuola Internazionale Superiore di Studi Avanzati

FORM A

To the HUMAN RESOURCES OFFICE

Object: Private summer schools in agreement with SISSA – year 2026.

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 2026 corresponds to € _____ /week/child

REQUESTS

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

from	**to**	**Summer camp name**	**cost/week**

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

With reference to the previous statement the undersigned
□ confirms the requested weeks, as stated above
□ waives 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,

____ / ____ / _____ _____
Signature

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