SISSA
Scuola Internazionale Superiore di Studi Avanzati

FORM B

To the ACCOUNTING OFFICE

Object: Certificate of attendance at private summer schools in agreement with SISSA – year 2026.

The undersigned _____

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

_____

DECLARES

That the above-mentioned child has attended the summer school as indicated below:

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

and completed attendance.

The undersigned undertakes, upon payment **from SISSA**, to send the receipt/invoice issued by the summer school to protocollo@sissa.it in .pdf format.

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

Area risorse umane
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