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Richiesta ricevuta il/*Application received on*

**OFFICE USE ONLY-SOSP\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

RICHIESTA DI ATTESTAZIONE CONSOLARE

*Application for a consular declaration*

ai fini dell’inserimento/reinserimento in una scuola italiana degli alunni che hanno studiato all’estero

*for students who have studied abroad and who wish to be admitted/re-admitted to an Italian school*

Il sottoscritto ……………………………………………………………………………………………...........……..

*I the undersigned*

**GENITORE DELL’ALUNNO/***PARENT OF*:

(barrare questa voce se la richiesta viene sottoscritta direttamente dallo studente)

*(please cross out this line if the consular certificate is requested by the student him/herself*)

**DATI DELL’ALUNNO:**

Cognome e Nome…………...…………………………………………………………...…………………….

*Surname and Name of the student*

nato a…………………………………………… il…………………………….. (gg/mm/aaaa)

*place of birth (town and province of birth) date of birth (dd/mm/yyyy)*

residente a…………………………………... in Via/Piazza………………………………………………….

*residing in (town-city and Full Postcode) House/Flat no. and Street*

Tel……………………………………………... e-mail ………….…………………………………….………

*Tel. no. email address*

cittadino italiano/straniero titolare del documento di identità *Italian national/foreign national holder of ID (please specify type: passport/ ID card/other)*

n°………………………………………………….….. rilasciato da……………………..…………………..

*no. issued by (specify Issuing authority)*

il……………………………………….. del quale allego fotocopia

*Issue date of which I enclose a photocopy*

* **avendo completato i seguenti anni scolastici** (*es. 2020-2021 o dal 2018 al 2021*):

*having completed the following academic years (e.g. 2020-2021 or from 2018 to 2021)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* **presso la scuola** (Nome) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sita in) \_\_\_\_\_\_\_\_\_\_\_\_\_

*at (please specify the Full Name of the English school and Town where it is located)*

come da lettera della scuola allegata / *as per attached letter issued by the school*

* ai fini dell’ingresso/reingresso nella scuola italiana w*ishing to be admitted/re-admitted to an Italian school*

**CHIEDE IL RILASCIO DI:**

*request the issue of:*

* un Attestato consolare

*a consular certificate*

**Dichiara altresì di voler ricevere la suddetta dichiarazione a mezzo posta raccomandata con invio al seguente indirizzo:**

*I furthermore declare that I wish to receive the above declaration by registered post to the following address*:

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

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Città/*City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* CAP/*Full Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_ P*aese /*Country*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Luogo, Place Data/Date (dd/mm/yyyy)* **Firma dello Studente o del Genitore**

*Signature of the Student or of the Parent*

**NOTE AGGIUNTIVE A CARICO DEL RICHIEDENTE / ADDITIONAL INFORMATION FROM THE APPLICANT:**

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

**DATA PROTECTION – THIRD PARTY CONSENT - Data Protection Notice: Verification of Qualifications**

*By signing this Form I hereby give my consent to the Consulate General of Italy in London and the School/University to access and disclose my school/academic records for the purpose of verification, preceding the attestation of the submitted letters/certificates/diplomas/degrees.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Luogo, Place Data/Date (dd/mm/yyyy)* **Firma dello Studente o del Genitore**

*Signature of the Student or of the Parent*

**N.B.: Allegare una fotocopia chiara e leggibile di un documento di identità in corso di validità dello studente e/o del genitore che sottoscrive la richiesta, se del caso.**

*PLEASE NOTE: Please attach a clear photocopy of a valid ID document of the student and/or of the parent requesting the certificate, if applicable.*