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| logo0 | COMUNE DI PONSACCO (Provincia di Pisa) P.zza R.Valli, N.8 - 56038 Ponsacco **Tel: 0587-738216-738349**  **Fax:0587-733871** |

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| **Ricorso avverso il punteggio assegnato alla domanda di ammissione**  **ai servizi educativi per la prima infanzia** |

**Al responsabile dei servizi educativi del Comune di Ponsacco**

Io sottoscritto:

nome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cognome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Codice Fiscale |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_\_|

nato/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provincia \_\_\_\_\_ il |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

residente a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAP |\_\_|\_\_|\_\_|\_\_|\_\_|

in Via/Piazza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. |\_\_|\_\_|\_\_|\_\_|

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel.cell.|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

visti i punteggi provvisori per l’accesso ai servizi educativi per la prima infanzia del Comune di Ponsacco per l’anno educativo 2017/2018 - e preso atto:

- Del punteggio assegnato di n. \_\_\_\_\_\_\_\_\_\_ punti

Ritenuto che sussistano le condizioni per produrre ricorso in opposizione per le motivazioni sotto

descritte,

**RICORRE**

**nei confronti dell'attribuzione del punteggio provvisorio di cui all’oggetto, adducendo le seguenti motivazioni:**

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**DICHIARO**

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**ALLEGO**

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Luogo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(firma leggibile)

Data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riservato all’Ufficio:

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