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SCHEDA A

**Al Dirigente Scolastico**

**I.I.S.S.S. E. Pantaleo**

**Proposta Visita Guidata/Attività PCTO/Progetto - a.s. 2019/2020**

**Docente/ti**

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**Tipologia dell’attività:** ………………………………………………………………………………………………………………………………………………………………………………………

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**Descrizione dell’attività:** ……………………………………………………………………………………………………………………………………………………………………………………..

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**Classe e sezione:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Numero alunni** \_\_\_\_\_\_ **Numero Doc. Accom.** \_\_\_\_\_\_\_\_\_ **Totale** \_\_\_\_\_\_

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**Docenti:**

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**Incontro**

**Data** \_\_\_\_/\_\_\_\_/20**\_\_\_\_\_\_\_ presso \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ORA INIZIO** \_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Presunto rientro ore \_\_\_\_\_/\_\_\_\_\_\_**

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**Destinazione:**

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**Mezzo Trasporto:**

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**Modalità di svolgimento**: …………………………………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………………………………………….……….

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* Si allega elenco degli allievi partecipanti

 Firma Docente

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 Il Dirigente Scolastico

 Dott. Giuseppe Mingione \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_