



**ISTITUTO DI ISTRUZIONE SUPERIORE STATALE  
"FLACCO-BATTAGLINI"  
VENOSA**



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PROT. 0009820 del 30/10/2024

**To the HEADMISTRESS  
I.I.S.S. "Flacco-Battaglini"  
85029 VENOSA (PZ)**

**FORM 1**

1. **Form 1** has to be submitted only in case you need the I.I.S.S. "Flacco-Battaglini" to register your school on your behalf (**step 1**). In this case, please attach receipt of payment and send to: [assistenza@liceovenosa.it](mailto:assistenza@liceovenosa.it) (please type or write in capital letters)
2. **Step 2:** after the school registration you will receive on the school registered email-address the username and the password so that you can log in our website <https://www.liceovenosa.edu.it/scheda-progetto/certamen/> and complete the procedure

**SCHOOL DATA**

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City and Nation \_\_\_\_\_

Tel. number \_\_\_\_\_

Fax number \_\_\_\_\_

Certified e-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

**APPLICANT'S PERSONAL DATA**

Surname \_\_\_\_\_

Name \_\_\_\_\_

F	M
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Age \_\_\_\_\_ Class \_\_\_\_\_ Place of residence \_\_\_\_\_

Birthplace \_\_\_\_\_

Date of birth \_\_\_\_\_

Full address \_\_\_\_\_

E-mail address \_\_\_\_\_

Passport/ID Card number \_\_\_\_\_

Tel. Number \_\_\_\_\_

Cell. Number \_\_\_\_\_

**SEDI:**

LICEO CLASSICO - SCIENTIFICO - MUSICALE - Via Emilia, 32 - 85029 Venosa (Pz)

IPSIA - Via degli Altavilla - 85029 Venosa (Pz)

CAT-BTA-AFM-PROFESSIONALE COMMERCIALE E SERALE -Via Accademia dei Rinascenti snc

[pzis02100c@istruzione.it](mailto:pzis02100c@istruzione.it) [pzis02100c@pec.istruzione.it](mailto:pzis02100c@pec.istruzione.it) [www.liceovenosa.edu.it](http://www.liceovenosa.edu.it)

0972 - 207954 (LICEI)

0972 - 207898 (IPSIA)

0972-31686 (plesso BATTAGLINI)

C.F. 86002190766 C.M. PZIS02100C



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**PARTICIPATING TEACHER'S PERSONAL DATA**

Surname \_\_\_\_\_ Name \_\_\_\_\_  F  M

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full address \_\_\_\_\_

Cell. Number \_\_\_\_\_ E-mail address \_\_\_\_\_

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**1. TRANSLATION COMPETITION**

The under-mentioned applicant wishes to participate in the *XXXVII CERTAMEN HORATIANUM*

APPLICANT'S SURNAME	APPLICANT'S NAME	GENDER
		M      F <input type="checkbox"/> <input type="checkbox"/>

Please, tick the chosen language accordingly

<input type="checkbox"/>	FRENCH
<input type="checkbox"/>	ENGLISH
<input type="checkbox"/>	GERMAN
<input type="checkbox"/>	PORTUGUESE
<input type="checkbox"/>	SPANISH

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**2. ARTISTIC COMPETITION**

The under-mentioned applicant wishes to participate in the *XXXVII CERTAMEN HORATIANUM - ART SECTION*

APPLICANT'S SURNAME	APPLICANT'S NAME	GENDER
		M <input type="checkbox"/> F <input type="checkbox"/>

Please, tick the chosen box accordingly

• I will draw/paint using the following technique: \_\_\_\_\_

• I will use a canvas

a drawing sheet

• I will use the following language for the technical report:

<input type="checkbox"/>	FRENCH
<input type="checkbox"/>	ENGLISH
<input type="checkbox"/>	GERMAN
<input type="checkbox"/>	PORTUGUESE
<input type="checkbox"/>	SPANISH

We understand and accept the attached 2025 *Certamen Horatianum* Regulations, the Entry Guidelines and the Privacy Forms A1+B/A2+B/C herewith attached. We grant permission for personal information to be used for this competition, according to Italian Law 196/2003, Reg. 2016/679, Dlgs. 101/2018 and following modifications.

THE ACCOMPANYING TEACHER

THE CANDIDATE

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THE HEADMASTER

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School stamp \_\_\_\_\_

Place and Date \_\_\_\_\_

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