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 ( imię i nazwisko rodzica)

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 ( adres zamieszkania)

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 (telefon)

 Zespół Szkół

w Urszulinie

Proszę o zwrot niewykorzystanych środków wpłaconych za obiady mojego dziecka ……………………………………………………… na konto bankowe numer:

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 (data i czytelny podpis rodzica)