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| _e_s | Schulinspektorat  Inspecturat da scola  Ispettorato scolastico  Cul 40, 7530 Zernez, tel. 081 257 58 50 curdin.lansel@avs.gr.ch |

**Decisiun d’assegnaziun definitiva**

**Scoula** .................................................................. **Classa**: 6.cl. □ / 1. reela □

Magister/-ra da classa: ……………………………………………………..……..……..

Quista glista d’annunzcha vo al cussagl da scoula ed a l’inspectorat da scoula – grazcha.

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| **Nom / Prenom** | **Anneda** | **Reela** | **Sec** | **Remarchas** |
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| **TOTEL** |  |  |  |  |

Lö, data: Suottascripziun magister/magistra:

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