

To the school manager

I.C. Grazzanise

**COMMUNICATION OF THE ILLNESS - FRAIL STUDENT**

*(IT CONTAINS SENSITIVE INFORMATION)*

The undersigned \_\_\_\_\_  
parents of the student \_\_\_\_\_ enrolled in the class \_\_\_\_\_ of the:

- Nursery school \_\_\_\_\_
- Primary school, building \_\_\_\_\_
- Secondary school, building \_\_\_\_\_

of the above-mentioned school, according to the Decree signed by the president of the Campania region n. 1/2021, ask the activation of the online lessons because of the fragility of their child due to this illness attested with medical certification:


*Here attached there's the medical certification*

The undersigned will communicate every possible change.

Grazzanise , \_\_\_\_\_

In witness  
(sign legibly, in full)

Father \_\_\_\_\_  
Mother \_\_\_\_\_

To the school manager

I.C. Grazzanise

SUBSTITUTE DECLARATION IN LIEU OF AFFIDAVIT

(art. 47 D.P.R. n. 445/2000)

The undersigned

Surname \_\_\_\_\_ Name \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_,

Surname \_\_\_\_\_ Name \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_,

**aware of penal sanctions specified in the art. 76 of the DPR 445/2000 and in case of false declaration or use of false acts as stated in the article 46 of D.P.R. n. 445/2000**

**HEREBY DECLARE**

Under their responsibility

That

Their child \_\_\_\_\_ enrolled in the class \_\_\_\_\_ of the school \_\_\_\_\_  
\_\_\_\_ building \_\_\_\_\_, has to be considered frail due to the following illness, attested by the medical certification here attached:

SO THEY ASK

The activation of the DaD lessons for their child according to directions established by the OO. CC. of this school.

Here attached there's the medical certification of the frail student and a copy of the Identity Card of the applicants.

The undersigned will communicate every possible change.

Place and date

\_\_\_\_\_

In witness  
(sign legibly, in full)

Father \_\_\_\_\_  
Mother \_\_\_\_\_

They declare, in addition, to be informed, through the art. 13 of the Lgs 196/2003, that the information related to this declaration will be used for the purpose for whom it has been acquired only.

(place) \_\_\_\_\_, (date) \_\_\_\_\_ the declarant \_\_\_\_\_

(place) \_\_\_\_\_, (date) \_\_\_\_\_ the declarant \_\_\_\_\_