

Justification to provide in case of absence for more than 5 days not due to health reasons.

Substitute declaration of certification

(art. 46 D.P.R. n 445/2000)

I, undersigned Mr/Mrs _____ fiscal code _____ born in _____(____) on ___ / ___/____, resident/ domiciled in _____(____) at _____ n° _____ ,

aware of penalty 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

That the absence of my son/ daughter _____ , enrolled in the class _____ of the school _____ building _____, due to the interruption of school lessons (Christmas holidays, Easter holidays etc.) is not caused by health problems.

Place and date

In witness
(sign legibly, in full)

In accordance with the art. 10 of the law n. 675/ 1996 the information related to this declaration will be used only for the purpose for whom it has been acquired.