

**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 \_\_\_\_\_, 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.