

ABSENCE DISCLAIMER (∞) rev.2
SUBSTITUTE DECLARATION OF NOTARIAL DEED (art. 47 del D.P.R. 28.12.2000, n. 445)

TO THE MANAGEMENT
CHATTERBOX ENGLISH SCHOOLS

TO THE TEACHERS OF THE CLASS _____
SITE: viale La Plaia via Tempio

SELF-DECLARATION FOR THE READMISSION TO SCHOOL ATTENDANCE FOLLOWING:

- ABSENCE FOR FAMILY REASONS
- SUSPENSION OF IN PRESENCE DIDACTIC ACTIVITIES
- ABSENCE OF 3 DAYS MAX OR 5 DAYS MAX (*) FOR HEALTH REASONS UNSUSPECTED OF COVID-19

I _____
born on the _____, and resident at _____ as parent (or legal guardian) of _____, born on the _____, attending the class/section _____ in the site of _____ in the current school year, and absent from the day _____ to the day _____,

aware of all the civil and criminal consequences subsequent to false declarations, and aware of the importance of respecting the prevention measures aimed at stopping the spread of COVID-19 for the health protection of the community.

DECLARES

- That my child was absent from school from the _____ to the _____ for family reasons and not for health reasons.
- That my child was absent from school from the _____ to the _____ for the suspension of in presence teaching activities
- That my child was absent from school from the _____ to the _____ for health reasons not suspected of COVID (*see note)

FURTHERLY DECLARES

- That the child can be readmitted to attend the educational activities/school service as, in the period of absence, (tick the corresponding option)

DID NOT HAVE the following potentially suspicious symptoms of COVID-19:

- Fever (>37.5 C) today or in the past three days
- Cough
- Sore throat
- Headache
- Loss/sudden reduction of the sense of smell (anosmia/hyposmia)

- Rhinorrhoea/nasal congestion
- Gastrointestinal symptoms (nausea/vomiting, diarrhoea)
- Loss/sudden change in the sense of taste
- Respiratory difficulties
- Conjunctivitis
- Myalgia

HAS HAD flu-like symptoms and has been evaluated clinically by the chosen Paediatrician /General Practitioner/ Trusted Doctor Dr _____ (identification code _____),

- The instructions provided have been followed
- The child has not shown symptoms for at least 48h
- The body temperature measured today before starting school is _____ degrees centigrade

This self-declaration is issued as a preventive measure related to the SARS CoV 2 pandemic emergency.

Location and Date

The Parent
(or legal guardian)

(* For health absence longer than 3 days for Play School pupils and 5 days for Primary School or Secondary Project pupils – even if these include holidays and pre-holidays – readmission requires a medical certificate presentation.

(∞) The photo of this self-certification must be sent by the pupil’s family by 8:00 on the day of return to the secretary office, via Whatsapp (Viale La Plaia mob. 3453878647 – Via Tempio +39 0707738269)

The paper copy of the document must be placed in a sealed envelope and inserted by the pupil’s family in the appropriate box at the school entrance, in Viale La Plaia and Via Macomer for the Via Tempio site, for its filing.

It should be noted that the form constitutes a self-declaration according to art .46. of the DPR 28/12/2000 n. 445 and that, therefore, any false declarations are criminally relevant. A great sense of responsibility is required when completing the form in order to protect and respect the health of the entire school community.