Attachment 1

**DECLARATION SUBSTITUTE FOR ACT OF NOTORIETY**

**(Article 47, DPR 445/2000)**

The undersigned ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and surname)

Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_) date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(place) (prov.)

Living in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_) address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N°\_\_\_\_\_\_

(place) (prov.)

Aware of the penal sanctions provided for in art. 76 of d.P.R. 28 December 2000, no. 445, in the case of false and misleading statements, as a parent who exercises parental responsibility, guardianship or custody, pursuant to and for the purposes of Decree Law 7 June 2017, no. 73, converted with amendments by Law 31 July 2017, no. 119, under my own responsibility,

**Declare**

That \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name and surname of the pupil)

Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_) date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(place) (prov.)

* Has carried out the following compulsory vaccinations¹:
* Polio
* Diphtheria
* tetanus toxoid (TT)
* Hepatitis B
* Pertussis
* Haemophilus influenzae type B
* Measles
* Rubella (German measles)
* Mumps
* Chickenpox *(only for those born from 2017).*
* Is exempted from one or more compulsory vaccinations for immunisation (as indicated by attached attestation);
* Has omitted or delayed one or more vaccinations (as indicated by attached attestation);
* Has requested the local healthcare provider to carry out compulsory vaccinations that were not performed. (place a cross on the preferred choices)

The undersigned - if he/she has not already done so - undertakes the task to deliver by 10 March 2018 a copy of the vaccination booklet authenticated by the local healthcare institute or the vaccination certificate or vaccination attestation issued from the local healthcare provider.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(place, date) **The Declarant**

…………………………………

¹ Do not fill in if you have submitted a copy of the vaccination booklet authenticated by the local healthcare institute or the vaccination certificate or vaccination attestation issued by your local healthcare provider.