

ATTESTATION SUR L'HONNEUR A L'EGARD DE L'ENFANT PARENTS

Je soussigné(e) :
[Prénom et Nom]

demeurant :
[Adresse]

représentant légal de :
[Prénom et Nom de l'élève]

atteste sur l'honneur que

mon enfant **[Prénom] [Nom]**

[Prénom] [Nom] **[Date]** **[Lieu]** **[Signature]** **[Date]** **[Lieu]**

[Prénom] [Nom] **[Date]** **[Lieu]** **[Signature]** **[Date]** **[Lieu]**

Fait pour servir et valoir ce que de droit.

Fait à **[commune]**, le **[date]**

Signature

.....
[Prénom] [Nom]

SWORN DECLARATION BY PARENT/LEGAL GUARDIAN ON BEHALF OF THEIR CHILD

I, the undersigned :
[First and Last Name]

Living at :
[Address]

Legal Guardian of :
[First and Last Name of Student]

Declare on my honour that

- my child has received a full and complete vaccination cycle* for the SARS CoV-19 virus

* A vaccination cycle is complete if a person has received one or two doses, according to the vaccine and/or as a result of a documented prior infection, at least 7 days ago (vaccines Cominarty[®] from Pfizer, COVID-19 Vaccine Moderna[®], Vaxzeria[®] from Astra Zeneca and Covishied[®] from Astra Zeneca) or at least 4 weeks ago (Covid-19 vaccine Janssen[®]).

For all due intents and purposes.

Signed in **[city]**, on**[today's date]**

Signature

.....
[First Name] [Last Name]