Приложение №1 к приказу

Министерства образования и науки РД

от \_\_\_\_\_\_\_\_\_\_\_ №\_\_\_\_\_\_\_

Заявление на участие в итоговом сочинении (изложении)

выпускника текущего учебного года

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|  | | | | | | | | | | | | Руководителю  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Наименование ОО*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Ф.И.О. руководителя* | | | | | | | | | | | | | | |
| **заявление.** | | | | | | | | | | | | | |
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*Фамилия*

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*Имя*

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| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |

*Отчество*

**Документ, удостоверяющий личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |

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| **Пол**: |  | мужской |  | женский |

Прошу зарегистрировать меня для участия в итоговом

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| **сочинении** |  | **изложении** |  |  |

для получения допуска к государственной итоговой аттестации по образовательным программам среднего общего образования.

Прошу создать условия, учитывающие состояние здоровья, особенности психофизического развития, для написания итогового сочинения (изложения):

*Указать необходимые условия/материально-техническое оснащение, учитывающие состояние здоровья, особенности психофизического развития, сдача итогового сочинения (изложения) в устной форме по медицинским показаниям и др.*

Основание:

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| Справка об установлении инвалидности |  | Рекомендации ПМПК |  |

Согласие на обработку персональных данных прилагается.

С Порядком проведения ГИА ознакомлен (ознакомлена).

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ф.И.О.

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

С заявлением ознакомлен (а)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

*Подпись родителя (законного представителя) Расшифровка*

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| Контактный телефон |  |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |

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| Регистрационный номер |  |  |  |  |  |  |  |  |  |  |