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| **заявление.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Я, | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  | |
| Фамилия | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Имя | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Отчество (при наличии) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| ученик (-ца) |  |  |  | класса, | дата рождения: | ч | ч | . | м | м | . | г | г | г | г |

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| Наименование документа, удостоверяющего личность | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| Серия | | |  |  | |  | |  | |  | |  | Номер | | | | | | | | |  |  |  |  | |  |  |  |  |  |  |  |  |
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| СНИЛС | |  |  | |  | | - | |  | |  |  | - |  | |  | |  | | - | |  |  |
| прошу зарегистрировать меня для участия в ГВЭ в досрочный/основной период (нужное подчеркнуть) по следующим учебным предметам: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Наименование  учебного предмета | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Срок проведения экзамена (основной/резервный) | | | | | | | | | | | | | | | | | | |
| Русский язык (сочинение)\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Русский язык (изложение с творческим заданием)\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Русский язык (диктант)\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Математика | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Физика | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Химия | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Информатика и ИКТ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Биология | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| История | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| География | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Английский язык | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Немецкий язык | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Французский язык | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Испанский язык | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Обществознание | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Литература | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| \*необходимо выбрать только одну форму проведения ГВЭ по русскому языку. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Прошу создать условия для сдачи экзаменов с учетом состояния здоровья, подтверждаемого:  □ справкой об установлении инвалидности;  □ рекомендациями ПМПК.  Дополнительные условия, учитывающие состояние здоровья, особенности психофизического развития, в соответствии с рекомендациями ПМПК (ППЭ  на дому, звукоусиливающая аппаратура, наличие ассистента и т.д.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Согласие на обработку персональных данных прилагается. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| С Порядком проведения ГИА ознакомлен (а). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Подпись заявителя | | | | | | |  | | | | | | | | | | | / | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  |  |  |  |  |  |  | Подпись | | | | | | | | | | |  | | | ФИО | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |
| «\_\_\_\_» | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | 20\_\_\_\_ г. | | | | | | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Контактный телефон | | | | | | | | | |  | | | ( | | |  | |  | | |  | | | ) | | |  | | |  | | |  | | - | |  | |  | | - | |  | |  | |  | |  | | | |
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| С заявлением ознакомлен (а) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | / | | |  | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | | |  | | | Подпись родителя/ законного представителя | | | | | | | | | | | | | | | | | |  | | ФИО родителя/законного представителя | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |
| Регистрационный номер | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
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