Директору\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(ФИО)

**Заявление  
об участии в государственной итоговой аттестации**

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(фамилия)

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(имя)

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(отчество)

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

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

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

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| **СНИЛС** |  |  |  |  |  |  |  |  |  |  |  |

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

обучающийся «\_\_» класса образовательной организации\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(полное наименование образовательной организации, и её местонахождение)

прошу зарегистрировать меня для прохождения государственной итоговой аттестации в дополнительный период 20\_\_ года по следующим учебным предметам:

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| **Наименование предмета** | **Отметка о выборе** | **Дата экзамена** (дополнительный период) | **Форма ГИА**  (ЕГЭ, ГВЭ) |
| Русский язык |  |  |  |
| Математика (базовый уровень) |  |  |  |

Прошу создать условия для сдачи ЕГЭ с учетом состояния здоровья, подтверждаемого справкой об установлении инвалидности, / рекомендациями ПМПК *(нужное подчеркнуть):*

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(при необходимости особых условий, указать какие)

Согласие на обработку персональных данных прилагается.

С Положением о порядке и формах проведения государственной итоговой аттестации ознакомлен(а)

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

(подпись участника ГИА)

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

Подпись родителей1 (законных представителей) о согласии \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

ФИО

Заявление принял

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(подпись) (ФИО) (должность, место работы)

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| Регистрационный номер |  |  |  |  |  |  |