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|  | | | | | | | | | | | | Руководителю  МАОУ Озерновская СОШ  Языкиной Г.В. | | | | | | | | | | | | | | |
| **заявление** | | | | | | | | | | | | | |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*имя*

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| **Дата рождения**: |  |  | . |  |  | . |  |  |  |  |

*отчество*

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

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

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**СНИЛС**

(заполняется при наличии)

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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.

Согласие на обработку персональных данных прилагается.

\**Прошу создать условия для написания итогового сочинения (изложения) с учетом состояния здоровья, подтверждаемого (заполняется участниками с ограниченными возможностями здоровья, детьми-инвалидами, инвалидами):*

*(указать необходимые условия)*

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| *Справкой об установлении инвалидности* |  | *Рекомендациями ПМПК* |  |

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 2016 г.

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