Директору

МОУ « СОШ»

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**заявление**

для участия в написании итогового сочинения (изложения) выпускника текущего года

**Я,**

*фамилия*

*имя*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *отчество* | | | | | | | | | | | | | | | | | |
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| **Дата** | |  |  |  |  | ч | | ч | | . | | м | | м | | . |  |  |  |  |  | г | | г | |  | | | | | | | | | |

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

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |
| **Пол**: |  | мужской | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   **СНИЛС**  женский | | | | | | | | | | |

Прошу зарегистрировать меня для участия в итоговом

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| **сочинении** |  | **изложении** |

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

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для использования его результатов при приеме в образовательные организации высшего образования;

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06.12.2023 07.02.2024 10.04.2024

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):*

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*(указать необходимые условия)*

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| *Справкой* | *об* | *установлении* |  |
| *инвалидности* |  |  |  |
|  |  |  |  |

*Рекомендациями ПМПК*

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

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

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| Регистрационный номер |  |  |  |  |  |  |