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|  | Директору \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ФИО)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (наименование образовательной организации) |

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| **заявление** | | | | | | | | | | | |  | |
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*фамилия*

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*имя*

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| **Дата рождения**: | чч | 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

**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):*

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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 |  | (( |  |  |  | )) |  |  |  | -- |  |  | -- |  |  |