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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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*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

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 инвалидности |

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Рекомендациями ПМПК  |

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

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

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