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| **Для обучающихся** | *Образец заявления на участие в итоговом сочинении (изложении)*  Руководителю образовательной организации  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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*имя*

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

*отчество*

**Наименование документа, удостоверяющего личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **СНИЛС** |  |  |  |  |  |  |  |  |  |  |  |
| *(при наличии)* | | | | | | | | | | | |

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

прошу зарегистрировать меня для участия в итоговом

**сочинении** **изложении**

**07.12.2016 01.02.2017 03.05.2017**

Согласие на обработку персональных данных прилагается.

Прошу создать условия для сдачи итогового сочинения (изложения)   
с учетом состояния здоровья, подтверждаемого:

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|  | справкой об установлении инвалидности |  | рекомендациями ЦПМПК г. Москвы |

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

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

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