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|  | Руководителю  образовательной организации |

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| **заявление.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |
| *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |  | | | |  |  |  |
| **Наименование документа, удостоверяющего личность** | | | | | | | | | | |  |  |  |  |  |  |  |

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| **Серия** |  | р |  |  | **Номер** | | | | |  | |  | |  | |  | |  |  |  |  |  |  |
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| **СНИЛС** | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | | | | | | |
| *(при наличии)* | | | | | | | | | | | | | | | | | | | | | | | |

прошу зарегистрировать меня для участия в **государственной итоговой аттестации в указанной форме** по следующим учебным предметам:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Наименование предмета** | **Форма ГИА** | | **Наименование предмета** | **Форма ГИА** | |
| **ОГЭ** | **ГВЭ** | **ОГЭ** | **ГВЭ** |
| Русский язык |  |  | География |  |  |
| Математика |  |  | Обществознание |  |  |
| Физика |  |  | Литература |  |  |
| Химия |  |  | Английский язык |  |  |
| Информатика |  |  | Немецкий язык |  |  |
| Биология |  |  | Французский язык |  |  |
| История России |  |  | Испанский язык |  |  |

Прошу создать условия для сдачи ГИА с учетом состояния здоровья, подтверждаемого:

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

Согласие на обработку персональных данных прилагается.

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

Подпись родителя (законного представителя) \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

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