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|  | | | | | | | | Директору  МКОУ «Алеховщинская СОШ»  О.В.Чикалевой | | | | | | | | | | | | | |
| **Заявление об участии в итоговом сочинении (изложении)** | | | | | | | | | | | | | | | | | | | | |
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*(Фамилия)*

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*(Имя)*

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*(Отчество)*

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*( Дата рождения)*

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*(Контактный телефон)*

Наименование документа, удостоверяющего личность:

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Реквизиты документа, удостоверяющего личность:

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| Серия |  |  |  |  |  |  |  |  | Номер |  |  |  |  |  |  |  |  |  |  |  |

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| Пол: |  | Мужской |  | Женский |

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Прошу зарегистрировать меня для участия в итоговом

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| **сочинении** |  | **изложении** |  |  |

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

Прошу организовать проведение итогового сочинения (изложения) в условиях, учитывающих состояние моего здоровья, особенности психофизического развития, подтверждаемого:

оригиналом или надлежащим образом заверенной копией рекомендаций ПМПК

оригиналом или надлежащим образом заверенной копией справки, подтверждающей

факт установления инвалидности, выданной ФГУ МСЭ

Необходимые условия проведения итогового сочинения (изложения):

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C Памяткой о порядке проведения итогового сочинения (изложения) ознакомлен (-а)

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

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_\_ г.

Подпись родителя (законного представителя) несовершеннолетнего участника итогового сочинения (изложения) \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ (ФИО)

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_\_ г.

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| Регистрационный номер | | | | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |