Приложение № 1 к Порядку регистрации на сдачу единого государственного экзамена

в дополнительные (сентябрьские)

сроки 2015 года

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| **Регистрационный номер** |  |  |  |  |  |

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| **Директору** | | | |
|  |  |  |  |
|  |  | (краткое наименование ОУ) |  |
|  | | | |
| (фамилия, инициалы директора ОУ) | | | |

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| **ЗАЯВЛЕНИЕ** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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*фамилия*

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*имя*

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*отчество*

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

**Документ, удостоверяющий личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Пол:** |  | Мужской |  | Женский |

прошу зарегистрировать меня для участия в едином государственном экзамене по следующим учебным предметам:

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| **Наименование предмета** | **Отметка о выборе предмета** | **Дата проведения экзамена** |
| Русский язык |  |  |
| Математика (базовый уровень) |  |  |
| Математика (профильный уровень) |  |  |

Прошу создать условия для ЕГЭ с учетом состояния здоровья, подтверждаемого:

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| Справкой об установлении инвалидности |  | Рекомендациями ПМПК |  |

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| На обработку персональных данных: | Согласен(а) |  | Не согласен(а) |  |

«\_\_\_» \_\_\_\_\_\_\_\_\_\_ 20\_\_ г. Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)

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

С выбором сына (дочери) ознакомлен(а) \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)