Директору

образовательной организации

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*(краткое наименование ОО)*

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*( Ф.И.О)*

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**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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|  |  |  |  | Номер |  |  |  |  |  |  |  |  |  |  |  |

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Реквизиты документа, удостоверяющего личность:

Серия

|  |  |  |
| --- | --- | --- |
|  | Мужской |  |

Пол: Женский

СНИЛС

|  |  |  |  |  |  |  |  |  |  |  |
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Прошу зарегистрировать меня для участия в итоговом

**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, подтверждаемые:

оригиналом или надлежащим образом заверенной копией рекомендаций ПМПК

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.)

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

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Подпись родителя (законного представителя) несовершеннолетнего участника итогового сочинения (изложения) \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

Регистрационный номер