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| Регистрационный номер   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | Руководителю  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (наименование образовательной организации)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Ф.И.О. руководителя) | | | | | | | | | | | |
| **заявление.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*имя*

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*отчество (при наличии)*

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

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

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| **СНИЛС** |  |  |  | – |  |  |  | – |  |  |  | – |  |  | *(заполняется при наличии)* |

**Прошу зарегистрировать меня для участия в итоговом собеседовании по русскому языку** для получения допуска к государственной итоговой аттестации по образовательным программам основного общего образования.

Прошу создать следующие условия при проведении итогового собеседования по русскому языку:

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|  |  | увеличение продолжительности итогового собеседования по русскому языку на 30 минут  *(для участников с ОВЗ – при предъявлении копии рекомендаций ПМПК;  для детей-инвалидов и инвалидов – при предъявлении справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы)* |
|  |
|  |  | cпециальные условия, учитывающие состояние здоровья, особенности психофизического развития  *(для участников с ОВЗ – при предъявлении копии рекомендаций ПМПК; для детей-инвалидов  и инвалидов – при предъявлении справки, подтверждающей факт установления инвалидности, копии рекомендаций ПМПК)* |
|  |

**Согласие на обработку персональных данных прилагаю.**

**C Порядком проведения итогового собеседования по русскому языку ознакомлен(а).**

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

(подпись) (Ф.И.О. обучающегося)

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Контактный телефон

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(подпись) (Ф.И.О. родителя (законного представителя))

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Контактный телефон

Заявление принял: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись) (Ф.И.О.) (должность)