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| **Заявление** | | | | | | | | | | | | | | |
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*фамилия*

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*имя*

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*отчество*

*Дата рождения*

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*Контактный телефон*

**Наименование документа, удостоверяющего личность** – **ПАСПОРТ**

**Реквизиты документа, удостоверяющего личность**

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

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

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СНИЛС

Прошу зарегистрировать меня для участия в итоговом

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| **сочинении** | V | **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

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.)

«\_\_\_\_» ноября 2024 г.

Подпись родителя (законного представителя) несовершеннолетнего участника итогового сочинения (изложения)

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Контактный телефон

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Регистрационный номер