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|  | Руководителю МБОУ «Школа № 100 г. Донецка» |
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|  | (ФИО) |

ЗАЯВЛЕНИЕ

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*фамилия*

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*имя*

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*отчество*

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| Дата рождения  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Наименование документа, удостоверяющего личность

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

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Прошу зарегистрировать меня для участия в ГИА в форме промежуточной аттестации. К заявлению прилагаю документы, подтверждающие статус обучающегося с ОВЗ/ребенка инвалида/инвалида:

копия рекомендаций психолого-медико-педагогической комиссии

оригинал или заверенная в установленном порядке копия справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы

Согласие на обработку персональных данных прилагается.

C порядком проведения экзаменов, в том числе с основаниями для удаления с экзамена, изменения или аннулирования результатов экзаменов, с порядком подачи и рассмотрения апелляций, со временем и местом ознакомления с результатами экзаменов ознакомлен (-а)

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ФИО)

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Контактный телефон

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Регистрационный номер