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| Руководителю образовательной организации | Директору МБОУ «Петрохерсонецкая СОШ им.Г.И.М» |
| Пашковой Ларисе Ивановне |

**Заявление**

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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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| \_\_\_\_\_\_\_ |
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| **Серия** | \_ | \_ | \_ | \_ | **Номер** | \_ | \_ | \_ | \_ | \_ | \_ |
| **Пол:** |  | Мужской |  | \_ | Женский |
| СНИЛС | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |  |  |  |  |  |  |

Прошу зарегистрировать меня для участия в итоговом

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|  |  |  | **сочинении** |  \_ |  |  |  |  | **изложении** |  |  |  |  |  |  |  |  |  |  |  |

для получения допуска к государственной итоговой аттестации по образовательным программам среднего общего образования.

Прошу для написания итогового сочинения (изложения) создать условия, учитывающие состояние здоровья, особенности психофизического развития, подтверждаемые:

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| \_ |  | оригиналом или надлежащим образом заверенной копией рекомендаций ПМПК |
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|  |  | оригиналом или надлежащим образом заверенной копией справки, подтверждающей факт установления инвалидности, выданной ФГУ МСЭ |
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| Необходимые условия проведения итогового сочинения (изложения): |
| \_ |  | увеличение продолжительности написания итогового сочинения (изложения) на 1,5 часа |
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C Памяткой о порядке проведения итогового сочинения (изложения) ознакомлен(-а)

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| Подпись заявителя | \_\_\_\_\_\_\_\_ | / | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Ф. И. О.) |
| Подпись родителя (законного представителя) | \_\_\_\_\_\_\_\_ | / | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Ф. И. О.) |
| « | \_\_ | » | \_\_\_\_\_\_ | 20 | \_\_ | года |

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| Регистрационный номер | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |