Форма заявления на участие в итоговом сочинении

обучающегося профессиональной образовательной организации

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| **заявление** | | | | | | | | | | | | | |
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*фамилия*

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*отчество*

**Документ, удостоверяющий личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Пол**: |  | мужской |  | женский |

**Наименование ПОО \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Прошу зарегистрировать меня для участия в итоговом сочинении \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(указать дату участия в итоговом сочинении в соответствии   
с расписанием итогового сочинения)* для использования его результатов при приеме   
в образовательные организации высшего образования.

Прошу создать условия, учитывающие состояние здоровья, особенности психофизического развития, для написания итогового сочинения:

*(указать необходимые условия/материально-техническое оснащение, учитывающие состояние здоровья,   
особенности психофизического развития и др.)*

Основание:

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| Справка об установлении инвалидности |  | Рекомендации ПМПК |  |

Согласие на обработку персональных данных прилагается.

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Ф.И.О.)

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

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| Контактный телефон |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |