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Форма заявления на участие в ГВЭ-9 для обучающихся образовательных организаций

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

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*имя*

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*отчество*

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| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |

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

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

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| **Пол**: |  | Мужской |  | женский |

прошу зарегистрировать меня для участия в **государственном выпускном экзамене**для обучающихся, освоивших образовательные программы основного общего образования, по следующим учебным предметам:

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| --- | --- | --- |
| Наименование предмета | Отметка о выборе | Выбор сроков (досрочный этап, основной этап), даты проведения экзаменов |
| Русский язык |  |  |
| Математика |  |  |
| Физика |  |  |
| Химия |  |  |
| Информатика и ИКТ |  |  |
| Биология |  |  |
| История |  |  |
| География |  |  |
| Английский язык |  |  |
| Немецкий язык |  |  |
| Французский язык |  |  |
| Испанский язык |  |  |
| Обществознание |  |  |
| Литература |  |  |

Прошу создать условия для сдачи ГВЭ с учетом состояния здоровья, подтверждаемого:

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| Справкой об установлении инвалидности |  | Копией рекомендаций ПМПК |  |

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(*указать дополнительные условия,учитывающие состояние здоровья, особенности психофизического развития)*

Согласие на обработку персональных данных прилагается.

Подпись заявителя \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) Подпись родителей\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

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

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| Контактный телефон | | | | | | |  | | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |
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Регистрационный номер