Начальнику УО АМО ГО «Сыктывкар»

О.Ю. Бригида

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

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*имя*

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

*отчество*

**Документ, удостоверяющий 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 ЕГЭ по следующим учебным предметам:

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| **Наименование учебного предмета** | **Отметка о выборе** | **Раздел «Говорение» (иностранные языки)** | **Выбор даты в соответствии с единым расписанием ЕГЭ** |
| Русский язык |  |  |  |
| Математика (профильный уровень) |  |  |  |
| Физика |  |  |  |
| Химия |  |  |  |
| Информатика и ИКТ |  |  |  |
| Биология |  |  |  |
| История |  |  |  |
| География |  |  |  |
| Английский язык |  |  |  |
| Немецкий язык |  |  |  |
| Французский язык |  |  |  |
| Испанский язык |  |  |  |
| Обществознание |  |  |  |
| Литература |  |  |  |

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

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*(указать необходимые условия)*

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| Справкой об установлении инвалидности |  | Рекомендациями ПМПК |  |

Согласие на обработку персональных данных прилагается.

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

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

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