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| **Для обучающихся** | Руководителю образовательной организации\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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*отчество*

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

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| **СНИЛС** |  |  |  |  |  |  |  |  |  |  |  |

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

прошу зарегистрировать меня для участия в итоговом

**сочинении** **изложении**

**03.12.2014 04.02.2015 06.05.2015**

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

Прошу создать условия для сдачи итогового сочинения (изложения) с учетом состояния здоровья, подтверждаемого:

 справкой об установлении инвалидности рекомендациями ПМПК

Согласие на обработку персональных данных прилагается.

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

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

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