Заявление на участие в итоговом сочинении обучающегося профессиональной образовательной организации

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|  | | | | | | | | | | | | Председателю ГЭК Орловской области для проведения ГИА-11  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **заявление.** | | | | | | | | | | | | | |
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*Фамилия*

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*Имя*

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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, копия паспорта, копия СНИЛС прилагаются.

С Порядком проведения ГИА ознакомлен (ознакомлена).

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

Ф. И. О.

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

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| Регистрационный номер |  |  |  |  |  |  |  |  |  |  |