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|  | | | | | | | | | | | | Директору МБОУ «СОШ № 10»  Е. В. Комаровой | | | | | | | | | | | | | | | |
| **Заявление об участии в итоговом сочинении (изложении)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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*(Фамилия)*

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*(Имя)*

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*(Отчество)*

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*(Дата рождения)*

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*(Контактный телефон)*

Наименование документа, удостоверяющего личность

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Реквизиты документа, удостоверяющего личность

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СНИЛС

Прошу зарегистрировать меня для участия в итоговом сочинении (*отметить дату участия в итоговом сочинении*):

**сочинении** **изложение**

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

Прошу организовать проведение итогового сочинения в условиях, учитывающих состояние моего здоровья, особенности психофизического развития, подтверждаемые:

оригиналом или надлежащим образом заверенной копией рекомендаций ПМПК

оригиналом или надлежащим образом заверенной копией справки, подтверждающей факт установления инвалидности, выданной ФГУ МСЭ

Необходимые условия проведения итогового сочинения (изложения):

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С Памяткой о порядке проведения итогового сочинения (изложения) ознакомлен(а)

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ФИО)

«\_\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.

Подпись родителя (законного представителя) несовершеннолетнего участника

итогового сочинения (изложения)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ФИО)

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Регистрационный номер