Директору МБОУ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Заявление**

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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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| **Серия** |  |  |  |  | | **Номер** | | | | |  | | |  | |  | |  | | |  | |  |
| **Пол:** |  | Мужской | | |  | | Женский | | | | | |
| СНИЛС |  |  |  |  | |  | |  |  |  | |  | | |  | |  | |  |

Прошу зарегистрировать меня для участия в итоговом

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| **сочинении** |  |  |  | **изложении** |  |  |

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

Прошу для написания итогового сочинения (изложения) создать условия, учитывающие состояние здоровья, особенности психофизического развития, подтверждаемые:

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|  | оригиналом или надлежащим образом заверенной копией рекомендаций ПМПК |
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|  | оригиналом или надлежащим образом заверенной копией справки, подтверждающей факт установления инвалидности, выданной ФГУ МСЭ |
| Необходимые условия проведения итогового сочинения (изложения): | |
|  | увеличение продолжительности написания итогового сочинения (изложения) на 1,5 часа |
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C Памяткой о порядке проведения итогового сочинения (изложения) ознакомлен(-а)

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| Подпись заявителя | | | | |  | | | / |  | (Ф. И. О.) |
| Подпись родителя (законного представителя) | | | | |  | | | / |  | (Ф. И. О.) |
| « |  | » |  | 20 | |  | года | | | | |

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