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| Руководителю образовательной организации | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Заявление**

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фамилия

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имя

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отчество (при наличии)

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| **Дата рождения**: | \_ | \_ | . | \_ | \_ | . | \_ | \_ | \_ | \_ |

**Наименование документа, удостоверяющего личность:**

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| **Серия** | \_ | \_ | \_ | \_ | **Номер** | \_ | \_ | \_ | \_ | \_ | \_ |

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| **Пол:** |  | Мужской |  | \_ | Женский |

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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| \_ |  | Копией рекомендаций психолого-медико-педагогической комиссии. |
|  | | |
|  |  | Оригиналом или заверенной в установленном порядке копией справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы. |
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|  | | |
| Указать дополнительные условия, учитывающие состояние здоровья, особенности психофизического развития | | |

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| \_ |  | Увеличение продолжительности итогового сочинения (изложения) на 1,5 часа |
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|  |  | \_ |
|  |  |  |
| (иные дополнительные условия/материально-техническое оснащение, учитывающие состояние здоровья, особенности психофизического развития, сдача итогового сочинения (изложения) в устной форме по медицинским показаниям и др.) | | |

Согласие на обработку персональных данных прилагается.

C Памяткой о порядке проведения итогового сочинения (изложения) ознакомлен (-а)

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

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| Контактный телефон: | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |

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| Регистрационный номер | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ |