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|  | Директору МБОУ СОШ №7 г.Дубны Московской областиА.Р.Редькину |
| **Заявление** |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*имя*

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*отчество*

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| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |

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

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |

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| **Пол**: |  | Мужской |  | женский |

прошу зарегистрировать меня для участия в **основном государственном экзамене** по следующим учебным предметам:

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| --- | --- | --- |
| Наименование предмета | Отметка о выборе | Выбор сроков (досрочный этап, основной этап), даты проведения экзаменов |
| Русский язык |  |  |
| Математика |  |  |
| Физика |  |  |
| Химия |  |  |
| Информатика и ИКТ |  |  |
| Биология |  |  |
| История  |  |  |
| География |  |  |
| Английский язык |  |  |
| Немецкий язык |  |  |
| Французский язык |  |  |
| Испанский язык  |  |  |
| Обществознание  |  |  |
| Литература |  |  |

Прошу создать условия для сдачи ОГЭ с учетом состояния здоровья, подтверждаемого:

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| Справкой об установлении инвалидности |  | Копией рекомендаций ПМПК |  |

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(*указать дополнительные условия,* *учитывающие состояние здоровья, особенности психофизического развития)*

Согласие на обработку персональных данных прилагается.

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

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

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| Контактный телефон |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |
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Регистрационный номер