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| **ЗАЯВЛЕНИЕ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Дата рождения:** | | | | | | | | | | |  | | | |  | | | . | | | |  | |  | | . | | | | | |  | | | |  | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | |
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| **Пол** | |  | мужской | | | | | | | | | |  | | | | женский | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Наименование документа, удостоверяющего личность: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Серия** | | | | |  | |  | |  | | |  | | | |  | | | | **Номер** | | | | | | |  | | | | | |  | | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |  | | | | | | |
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| **СНИЛС\*** | | | |  | |  | |  | |  | | | |  | | | | |  | | | |  | |  | | | |  | | | | |  | | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |  | | | | |
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| **Документ об образовании (о среднем общем или среднем профессиональном образовании):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Серия |  |  |  |  | Номер |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Справка из образовательной организации среднего профессионального образования или из иностранной образовательной организации:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Дата | . | . |  | Номер |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Прошу зарегистрировать меня для участия в едином государственном экзамене по следующим учебным предметам: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Наименование**  **учебного предмета** | **Сроки\*\* сдачи ЕГЭ** | | | **Наименование**  **учебного предмета** | **Сроки\*\* сдачи ЕГЭ** | | | | | досрочный  период | основной\*\*\*  период | дополни  тельные сроки | досрочный  период | основной\*\*\*  период | дополни  тельные сроки | | Русский язык |  |  |  | Немецкий язык  (письменная часть) |  |  |  | | Математика  (профильный уровень) |  |  |  | Немецкий язык  (устная часть) |  |  |  | | Физика |  |  |  | Французский язык  (письменная часть) |  |  |  | | Химия |  |  |  | Французский язык  (устная часть) |  |  |  | | Информатика и ИКТ |  |  |  | Испанский язык  (письменная часть) |  |  |  | | Биология |  |  |  | Испанский язык  (устная часть) |  |  |  | | История |  |  |  | Обществознание |  |  |  | | География |  |  |  | Литература |  |  |  | | Английский язык  (письменная часть) |  |  |  | Китайский язык  (письменная часть) |  |  |  | | Английский язык  (устная часть) |  |  |  | Китайский язык  (устная часть) |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Прошу создать условия, учитывающие состояние здоровья, особенности психофизического развития, для сдачи ЕГЭ, подтверждаемого: | | | | | | | | | | | | | |  | 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 | | | | | | | | | | | | |  |  | |  | |  |  |  |  |  |  |  |  | | *Указать дополнительные условия, учитывающие состояние здоровья,*  *особенности психофизического развития* | | | | | | | | | | | | | |  | Специализированная аудитория и увеличение продолжительности выполнения экзаменационной работы ЕГЭ на 1,5 часа; | | | | | | | | | | | | |  | |  |  | |  | |  |  |  |  |  |  |  |  | |  | Увеличение продолжительности выполнения экзаменационной работы ЕГЭ по иностранным языкам  с включенным разделом «Говорение» на 30 минут. | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | *(иные дополнительные условия/материально-техническое оснащение, учитывающие состояние здоровья,*  *особенности психофизического развития)* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Категория участника ГИА в форме ЕГЭ с ограниченными возможностями здоровья**  *(выбрать из списка)*: | | | | | | | | | | | | | |  |  | с нарушениями опорно-двигательного аппарата; | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |  | слабослышащие; | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |  | позднооглохшие; | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |  | глухие; | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |  | с задержкой психического развития; | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |  | с тяжёлыми нарушениями речи; | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |  | слепые; | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |  | слабовидящие и поздноослепшие, владеющие шрифтом Брайля; | | | | | | | | | | | |  |  |  | | | | | | | | | | | |  |  | с расстройствами аутистического спектра. | | | | | | | | | | | |  | | | | | | | | | | | | | | Согласие на обработку персональных данных прилагается. | | | | | | | | | | | | | | С Порядком проведения ГИА и с Памяткой (ами) о правилах проведения ЕГЭ в 20\_\_\_\_ году ознакомлен (а). | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ФИО) | | | | | | | | | | | | | | «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Контактный телефон | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  | | | | | | | | | | |  | | | | | | | | | | | | | | *\** ***СНИЛС*** *указывается при наличии*  *\*\* выпускники прошлых лет вправе участвовать в ЕГЭ только в досрочный период и (или) дополнительные сроки проведения ЕГЭ (резервные дни основного периода ЕГЭ)*  *\*\*\** ***участие в экзаменах выпускников прошлых лет в основной период проведения ЕГЭ допускается только при наличии у них уважительных причин (болезни или иных обстоятельств, подтвержденных документально) и соответствующего решения ГЭК*** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |