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|  | | | | | | | | | | | | Руководителю муниципального бюджетного общеобразовательного учреждения-средней общеобразовательной школы №45  имени Д.И. Блынского г. Орла  Стародубцевой Е.А. | | | | | | | | | | | | | | |
| **заявление.** | | | | | | | | | | | | | |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*имя*

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| **Дата рождения**: |  |  | . |  |  | . |  |  |  |  |

*отчество*

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

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

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| **Пол**: |  | мужской |  | женский |

Прошу зарегистрировать меня для участия в итоговом собеседовании по русскому языку\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(дата проведения)

Прошу создать условия для прохождения итогового собеседования по русскому языку, учитывающие состояние здоровья, особенности психофизического развития, подтверждаемые:

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|  | справкой об установлении инвалидности  (оригинал или заверенная копия справки) |  | копией рекомендаций ПМПК |

*(указать необходимые условия/материально-техническое оснащение, учитывающие состояние здоровья,   
особенности психофизического развития и др.)*

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|  | Увеличение продолжительности итогового собеседования по русскому языку  на 30 минут |

Согласие на обработку персональных данных прилагается. С Порядком проведения итогового собеседования ознакомлен(на).

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

(Ф.И.О.)

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

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Контактный телефон

С заявлением ознакомлен (а)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

*Подпись ФИО родителя (законного представителя)*

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

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Контактный телефон

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Регистрационный номер