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| **Заявление на сдачу единого государственного экзамена** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Документ, удостоверяющий личность** |  |  |  |  |  |  |  |

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |
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| **Дата рождения**: |  |  | . |  |  | . |  |  |  |  |

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| **Пол:** |  | Мужской |  | Женский |

прошу зарегистрировать меня для сдачи ЕГЭ по следующим общеобразовательным предметам:

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| --- | --- | --- | --- | --- | --- |
| Наименование учебного предмета | Отметка о выборе | Раздел «Говорение» (иностранные языки) | Досрочный период | Основной период | Дополни-тельный период |
| Русский язык |  | X |  |  |  |
| Математика (базовый уровень) |  | X |  |  |  |
| Математика (профильный уровень) |  | X |  |  |  |
| Физика |  | X |  |  |  |
| Химия |  | X |  |  |  |
| Информатика |  | X |  |  |  |
| Биология |  | X |  |  |  |
| История |  | X |  |  |  |
| География |  | X |  |  |  |
| Английский язык |  |  |  |  |  |
| Немецкий язык |  |  |  |  |  |
| Французский язык |  |  |  |  |  |
| Испанский язык |  |  |  |  |  |
| Китайский язык |  |  |  |  |  |
| Обществознание |  | X |  |  |  |
| Литература |  | X |  |  |  |

Прошу создать условия для сдачи единого государственного экзамена с учетом состояния здоровья, подтверждаемого:

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| Оригиналом или надлежащим образом заверенной  копией рекомендаций ПМПК | Оригиналом или надлежащим образом заверенной копией справки, подтверждающей факт установления инвалидности факт установления инвалидности. |

«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_г. \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О)

**Контактный**

**телефон**

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| **СНИЛС** |  |  |  |  |  |  |  |  |  |  |  |  | |
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