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*фамилия*

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*имя*

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

*отчество*

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |
| **СНИЛС** | | | | | |  |  |  |  |  |  |  |  |  |  |  |

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

прошу зарегистрировать меня для участия в государственной итоговой аттестации по образовательным программам среднего общего образования в **форме государственного выпускного экзамена** (ГВЭ-11)в:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **досрочный период** |  | **основной период** |

по следующим учебным предметам:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Наименование учебного предмета** | **Отметка о выборе** | | **Форма сдачи экзамена** | |
| основные сроки | резервные сроки | **письменная** | **устная** |
| Русский язык |  |  | *Сочинение*  *Диктант[[1]](#footnote-2)* |  |
| Математика |  |  |  |  |

**Для участия в ГИА-11 в досрочный период** прилагаются следующие документы**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Являюсь участником, относящимся к категории:

|  |  |  |
| --- | --- | --- |
| |  | | --- | |  | | обучающийся/экстерн с ограниченными возможностями здоровья; |
| |  | | --- | |  | | обучающийся -ребенок-инвалид, инвалид/экстерн -ребёнок-инвалид, инвалид; |
| |  | | --- | |  | | обучающийся по состоянию здоровья на дому; |

|  |  |  |
| --- | --- | --- |
| |  | | --- | |  | | обучающийся в медицинской организации. |

Прошу создать условия для сдачи ГВЭ-11, учитывающие состояние здоровья, особенности психофизического развития, подтверждаемые:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | Оригиналом или надлежащим образом заверенной копией справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы | |  | | --- | |  | | Оригиналом или надлежащим образом заверенной копией рекомендаций психолого-медико-педагогической комиссии (ПМПК)  Заключением медицинской организации (в случае организации ППЭ на дому или в медицинской организации) |

*Указать условия,учитывающие состояние здоровья, особенности психофизического развития (из заключения ПМПК)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(иные дополнительные условия/материально-техническое оснащение,учитывающие состояние здоровья, особенности психофизического развития)*

С действующим Порядком проведения ГИА-11, в том числе с основаниями для удаления с экзамена, изменения или аннулирования результатов экзаменов, информацией о местах и сроках проведения экзаменов, о ведении во время экзамена в аудиториях ППЭ аудио/видеозаписи, о порядке подачи и рассмотрения апелляций, о времени и месте ознакомления с результатами экзаменов ознакомлен(-а).

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

(подпись участника ГВЭ-11)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Контактный телефон |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |

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

подпись и ФИО родителя (законного представителя)

в случае если участник ГВЭ является несовершеннолетним

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

|  |  |  |  |  |  |  |
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Регистрационный номер

Заявление принял\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

1. для детей с РАС (на основании заключения ПМПК) [↑](#footnote-ref-2)