**Форма ИС-ВТГ**

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| **З А Я В Л Е Н И Е** **на участие в итоговом сочинении (изложении)** **выпускника текущего учебного года** |

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| Руководителюобразовательной организации\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Заявление** |

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

**Наименование документа, удостоверяющего личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **СНИЛС** |  |  |  | - |  |  |  | - |  |  |  |  |  |

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

Прошу зарегистрировать меня для участия в итоговом

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| **сочинении** |  |  **изложении** |  |  |

для получения допуска к государственной итоговой аттестации по образовательным программам среднего общего образования.Прошу для написания итогового сочинения (изложения) создать условия, учитывающие состояние здоровья, особенности психофизического развития, подтверждаемые:  оригиналом или надлежащим образом заверенной копией рекомендаций психолого-медико-педагогической комиссии оригиналом или надлежащим образом заверенной копией справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы*Указать дополнительные условия,* *учитывающие состояние здоровья, особенности психофизического развития* увеличение продолжительности написания итогового сочинения (изложения) на 1,5 часа иное (указать при необходимости): *(иные дополнительные условия/материально-техническое оснащение,* *учитывающие состояние здоровья, особенности психофизического развития, сдача итогового сочинения (изложения) в устной форме по медицинским показаниям и др.)*C Памяткой о порядке проведения итогового сочинения (изложения) ознакомлен (-а).Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)Подпись родителя (законного представителя)\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

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| Контактный телефон |  |  |  |  |  |  |  |  |  |  |  |

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| Регистрационный номер  |  |  |  |  |  |  |  |  |  |  |  |

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