**Заявление на участие в ОГЭ (или ГВЭ) для обучающихся**

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|  | | | | | | | | | | | | | | | Директор МБОУ г. Астрахань «Гимназия №4»  Лендовой Т.В. | | | | | | | | | | | |
| **Заявление** | | | | | | | | | | | | |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*имя*

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*отчество*

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

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

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

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| **Пол**: |  | Мужской |  | женский |

прошу зарегистрировать меня для участия в **основном государственном экзамене** по следующим общеобразовательным предметам:

|  |  |
| --- | --- |
| Наименование предмета | Отметка о выборе (Х) |
| Русский язык |  |
| Математика |  |
| Физика |  |
| Химия |  |
| Информатика и ИКТ |  |
| Биология |  |
| История |  |
| География |  |
| Английский язык |  |
| Немецкий язык |  |
| Французский язык |  |
| Испанский язык |  |
| Обществознание |  |
| Литература |  |

Прошу создать условия для сдачи ОГЭ с учётом состояния здоровья, подтверждаемого:

|  |  |  |  |
| --- | --- | --- | --- |
| Справкой об установлении инвалидности |  | Рекомендациями ПМПК |  |

Согласие на обработку персональных данных прилагается.

Подпись заявителя \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.) Подпись родителей\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

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

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