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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | Регистрационный номер | | | | | | | | | | | | | | | | | | | | | | Руководителю  МБОУ Кашарской СОШ  *(наименование образовательной организации)*  Губареву Дмитрию Ивановичу  *(ФИО руководителя)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ЗАЯВЛЕНИЕ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Дата рождения:** | | | | | | |  | |  | | . | | | |  | | |  | . | | |  | | |  | | |  | |  | |  | | | |
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| **Пол** | |  | мужской | | | |  |  | |  | | | Женский | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Наименование документа, удостоверяющего личность: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Серия** | | |  |  | |  |  | |  | | | **Номер** | | | | | | |  | |  | |  | | |  | | |  | |  | | | |  | | | |  | |  |  |  |
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| **СНИЛС** | | |  |  | |  |  | |  | | |  | |  | |  | | |  | | |  | | |  | | | *(заполняется при наличии)* | | | | | | | | | | | | | | | | |
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| **Форма прохождения ГИА** | | | | | | | | | | | | | | |  | | **ЕГЭ** | | | | | | |  | | | **ГВЭ1** | | | | | |  | | | | | **ЕГЭ и ГВЭ1** | | | | | | | | |
| Прошу зарегистрировать меня для участия в государственной итоговой аттестации по следующим учебным предметам: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Наименование учебного предмета** | | | | ***в форме ЕГЭ*** | | **Наименование учебного предмета2** | | | | | | | | ***в форме ГВЭ*1** | | | досрочный период | основной период | досрочный период | основной период | | Русский язык | | | |  |  | Русский язык: | | | | | | | | | | |  | | | | | | | | | | | Математика (базовый уровень) | | | |  |  |  | | |  | *Сочинение* | | | |  |  | |  | | | | | | | | Математика (профильный уровень) | | | |  |  |  | | |  | *Изложение с творческим заданием* | | | |  |  | |  | |  | | | | | | | | Физика | | | |  |  |  | | |  | *Диктант* | | | |  |  | |  | | | | | | | | Химия | | | |  |  | Математика | | | | | | | |  |  | | Информатика и ИКТ | | | |  |  | Иные предметы *(указать наименование):* | | | | | | | | | | | Биология | | | |  |  |  | | | | | | | |  |  | | История | | | |  |  |  | | | | | | | |  |  | | География | | | |  |  |  | | | | | | | |  |  | | Обществознание | | | |  |  |  | | | | | | | |  |  | | Литература | | | |  |  |  | | | | | | | |  |  | | Английский язык (письменная часть) | | | |  |  |  | | | | | | | |  |  | | Английский язык (устная часть) | | | |  |  |  | | | | | | | | | | | Немецкий язык (письменная часть) | | | |  |  | | Немецкий язык (устная часть) | | | |  |  | | Французский язык (письменная часть) | | | |  |  | | Французский язык (устная часть) | | | |  |  | | Испанский язык (письменная часть) | | | |  |  | | Испанский язык (устная часть) | | | |  |  | | Китайский язык (письменная часть) | | | |  |  | | Китайский язык (устная часть) | | | |  |  | |  | | |  | | |  | |  |  | | | | |  | | | | |  |  |  |  | | Прошу создать для сдачи ГИА 3: | | | | | | | | | | | | | | | | | |  |  | условия, учитывающие состояние здоровья, особенности психофизического развития: специализированная аудитория, увеличение продолжительности выполнения экзаменационной работы, организация перерывов, беспрепятственный доступ в аудитории и иные помещения, проведение ГВЭ в устной форме  *(копия* ***рекомендаций психолого-медико-педагогической комиссии (ПМПК)*** *и (или) оригинал (или заверенная в установленном порядке копия)* ***справки, подтверждающей факт установления инвалидности****, выданной федеральным государственным учреждением медико-социальной экспертизы прилагается)*4 | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |  | а также специальные (дополнительные) условия, учитывающие состояние здоровья, особенности психофизического развития  *(копия* ***рекомендаций психолого-медико-педагогической комиссии (ПМПК)****,* ***заключение медицинской организации****, врачебной комиссии (в случае необходимости организации ППЭ на дому, в медицинской организации) прилагается)* | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | Согласие на обработку персональных данных прилагается. | | | | | | | | | | | | | | | | | | **С Порядком проведения ГИА и с Памяткой(ами) о правилах проведения ЕГЭ и (или) ГВЭ** *(нужное подчеркнуть)* **в 20\_\_\_\_\_ году ознакомлен(а)** | | | | | | | | | | | |  |  | | | | |  | | | | | | | | | | | |  | *(подпись участника ГИА)* | | | | | |  | | | | | | | | | | | | | | | | | | Подпись обучающегося \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ФИО) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Подпись родителя (законного представителя) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ФИО) | | | | | | | | | | | | | | | | | | «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Контактный телефон | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |