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|  | Председателю  Государственной экзаменационной комиссии  Республики Хакасия  Л.Н. Гимазутина |

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| **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 |  | | | |  |  |  |
| **Наименование документа, удостоверяющего личность** | | | | | | | | | | |  |  |  |  |  |  |  |

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| **Серия** |  | р |  |  | **Номер** | | | | |  | |  | |  | |  | |  |  |  |  |  |  |
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| **СНИЛС** | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | | | | | | |
| *(при наличии)* | | | | | | | | | | | | | | | | | | | | | | | |

прошу зарегистрировать меня для участия в **едином государственном экзамене (ЕГЭ)** по следующим учебным предметам:

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| **Наименование предмета** | **Отметка о выборе предмета** | |
| **Досрочный период**  **(март-апрель)** | **Основной период**  **(май-июнь)** |
| Русский язык |  |  |
| Математика (профильный уровень) |  |  |
| Физика |  |  |
| Химия |  |  |
| Информатика и ИКТ |  |  |
| Биология |  |  |
| История |  |  |
| География |  |  |
| Английский язык |  |  |
| Английский язык (устно) |  |  |
| Немецкий язык |  |  |
| Немецкий язык (устно) |  |  |
| Французский язык |  |  |
| Французский язык (устно) |  |  |
| Обществознание |  |  |
| Испанский язык |  |  |
| Испанский язык (устно) |  |  |
| Литература |  |  |

Прошу создать условия для сдачи ЕГЭ с учетом состояния здоровья, подтверждаемого:

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| --- | --- | --- | --- |
|  | справкой об установлении инвалидности |  | рекомендациями ПМПК |

Согласие на обработку персональных данных прилагается.

Подпись заявителя \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

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| Контактный телефон |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |
|  | | | | | | | | | | | | | | | |
| Регистрационный номер |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |