|  |  |
| --- | --- |
|  | Директору МБОУ «Лицей ФМИ №40» при УлГУ  Н.А.Горбуновой |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **заявление.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |
| *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  |
| *имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  |
| *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |  | | | |  |  |  |
| **Наименование документа, удостоверяющего личность** | | | | | | | | | | |  |  |  |  |  |  |  |

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

**прошу зарегистрировать меня для участия в государственной итоговой аттестации в указанной форме по следующим учебным предметам:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Наименование предмета** | **Дата экзамена** | **Форма ГИА** | | **Наименование предмета** | **Дата экзамена** | **Форма ГИА** | |
| **ОГЭ** | **ГВЭ** | **ОГЭ** | **ГВЭ** |
| Русский язык |  |  |  | География |  |  |  |
| Математика |  |  |  | Обществознание |  |  |  |
| Физика |  |  |  | Литература |  |  |  |
| Химия |  |  |  | Английский язык |  |  |  |
| Информатика |  |  |  | Немецкий язык |  |  |  |
| Биология |  |  |  | Французский язык |  |  |  |
| История России |  |  |  | Испанский язык |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | справкой об установлении инвалидности |  | рекомендациями ТПМПК г. Ульяновска |

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

**Указать дополнительные условия, учитывающие состояние здоровья (отметить знаком «Х»):**

|  |  |
| --- | --- |
|  | Увеличение продолжительности экзамена на 1,5 часа |

|  |  |
| --- | --- |
|  | Рассадка в специализированную аудиторию |

|  |  |
| --- | --- |
|  | Экзамен на дому с увеличением продолжительности на 1,5 часа |

|  |  |
| --- | --- |
|  | Прочие, **указать:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Согласие на обработку персональных данных прилагается.

Подпись обучающегося \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

Подпись родителя (законного представителя) \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

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

Заявление принял:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Регистрационный номер:\_\_\_\_\_\_\_\_\_\_\_\_