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| **З А Я В ЛЕ Н И Е на участие в ЕГЭ** **(для обучающихся СПО)** |

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|  | Руководителю образовательной организации \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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*отчество (при наличии)***Наименование документа, удостоверяющего личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**СНИЛС**

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| **Пол**: |  | Мужской |  | ЖенскийНам |

прошу зарегистрировать меня для участия в ЕГЭ по следующим учебным предметам:

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| **Наименование учебного предмета** | **Отметка о выборе экзамена\*** |
| Досрочный период | **Основной период**  |
| Основные сроки | Резервные сроки основного периода проведения ЕГЭ |
| Русский язык  |  |  |  |
| Математика (профильный уровень) |  |  |  |
| Математика (базовый уровень) |  |  |  |
| Физика |  |  |  |
| Химия |  |  |  |
| Информатика и ИКТ |  |  |  |
| Биология |  |  |  |
| История  |  |  |  |
| География |  |  |  |
| 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) |  |  |  |
| Обществознание  |  |  |  |
| Литература |  |  |  |

 Предъявлена справка из организации, осуществляющей образовательную деятельность, в которой обучающийся СПО проходит обучение, подтверждающая освоение образовательных программ среднего общего образования или завершение освоения образовательных программ среднего общего образования в текущем учебном году.Прошу создать условия, учитывающие состояние здоровья, особенности психофизического развития, для сдачи ЕГЭ подтверждаемые:  копией рекомендаций психолого-медико-педагогической комиссии оригиналом или заверенной в установленном порядке копией справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы*Указать дополнительные условия,* *учитывающие состояние здоровья, особенности психофизического развития* Специализированная аудитория  Увеличение продолжительности выполнения экзаменационной работы ЕГЭ на 1,5 часа Увеличение продолжительности выполнения экзаменационной работы ЕГЭ по иностранным языкам (раздел «Говорение») на 30 минут *(иные дополнительные условия/материально-техническое оснащение,* *учитывающие состояние здоровья, особенности психофизического развития)*Согласие на обработку персональных данных прилагается.С порядком проведения экзаменов, в том числе с основаниями для удаления с экзамена, изменения или аннулирования результатов экзаменов, о ведении во время экзамена в ППЭ и аудиториях видеозаписи, с порядком подачи и рассмотрения апелляций, со временем и местом ознакомления с результатами экзаменов ознакомлен /ознакомлена.Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.Подпись родителя (законного представителя) / уполномоченного лица участника ЕГЭ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

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Контактный телефон

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Регистрационный номер |