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|  |  | Приложение 9 к приказу министерства образования Ярославской области от № |

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| **Форма 9**  для участников ГИА дополнительного периода | Руководителю \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *наименование образовательной организации*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *ФИО руководителя ОО (полностью)* |

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|  | **ЗАЯВЛЕНИЕ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | об участии в ГИА-11 в дополнительный период | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | *Фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  | *Имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  | *Отчество (при наличии)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  | Дата рождения | | | | | | | ч | ч | . | м | м | . | г | г | г | г | Пол | | |  |  | мужской | | | |  |  |  | женский | | | |  |
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|  | Контактный телефон | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Наименование документа, удостоверяющего личность, | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Реквизиты документа, удостоверяющего личность: | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Серия | | |  |  |  |  |  |  |  |  |  |  | Номер | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Прошу допустить меня к прохождению ГИА-11 в дополнительный период (в сентябре)**

**в форме:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | - единого государственного экзамена |  | - выпускного государственного экзамена |

**по следующим учебным предметам:**

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | по предмету «Русский язык» |  |  |  |  |  |  |  |  |  |  |
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|  | дата экзамена |  |  | . |  |  |  |  |  |  |  |

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|  | по предмету «Математика» (базовый уровень)/ «Математика» |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | дата экзамена |  |  | . |  |  |  |  |  |  |  |

**Основания**:

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| --- | --- |
|  | Получен допуск к ГИА |
|  |  |
|  | Не пройден ГИА по обязательным учебным предметам |
|  |  |
|  | Нарушен порядок ГИА |
| 4 |  |
|  | Получен на ГИА неудовлетворительный результаты более чем по одному обязательному учебному предмету, либо получен повторно неудовлетворительный результат по одному из этих предметов на ГИА в резервные сроки или в дополнительные дни |
|  |
|  |  |
|  | Пропуск экзамена в основные сроки по уважительной причине |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Прошу организовать проведение экзаменов в условиях, учитывающих состояние моего здоровья, особенности психофизического развития, подтверждаемые: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | оригиналом или надлежащим образом заверенной копия рекомендаций ПМПК | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  | оригиналом или надлежащим образом заверенной копия справки, подтверждающей | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | факт установления инвалидности, выданной ФГУ МСЭ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  | **Необходимые условия проведения экзаменов:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Участник экзамена \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

*подпись ФИО*

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| Контактный телефон |  |  |  |  |  |  |  |  |  |  |  |

С заявлением ознакомлен «\_\_\_» \_\_\_\_ 202\_ г.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

*дата подпись родителя (законного представителя) ФИО*

|  |  |
| --- | --- |
|  | *Заявление на участие в ГИА подается уполномоченным лицом на основании доверенности* |

«\_\_\_» \_\_\_\_\_\_ 202\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

*дата подпись ФИО*

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

*должность подпись ФИО*

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| Дата регистрации заявления |  |  | . |  |  | . |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Регистрационный номер |  |  |  |  |  |  |  |  |  |  |