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| **З А Я В Л Е Н И Е  на участие в ГИА в форме ГВЭ** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | Руководителю образовательной организации  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | **Заявление** | | | | | | | | | | | | | | | | | **Я,** | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |   *фамилия*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   *имя*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |   *отчество*  **Наименование документа, удостоверяющего личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  | - |  |  |  |  |  |   **СНИЛС**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Пол**: |  | Мужской |  | Женский  Нам |   прошу зарегистрировать меня для участия в ГИА в форме ГВЭ по следующим учебным предметам:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Наименование учебного предмета** | **Отметка о выборе формы ГВЭ** | | | | **Выбор периода проведения\*** | | **Письменная форма**\*\* | | | **Устная форма** | | Русский язык |  | | |  |  | | Сочинение |  |  | |  |  | | Изложение с творческим заданием | |  | |  | |  | | Диктант |  | |  | | Математика |  | | |  |  | | Физика |  | | |  |  | | Химия |  | | |  |  | | Информатика и ИКТ |  | | |  |  | | Биология |  | | |  |  | | История |  | | |  |  | | География |  | | |  |  | | Английский язык |  | | |  |  | | Немецкий язык |  | | |  |  | | Французский язык |  | | |  |  | | Испанский язык |  | | |  |  | | Китайский язык |  | | |  |  | | Обществознание |  | | |  |  | | Литература |  | | |  |  |   *\* Укажите «ДОСРОЧ» для выбора досрочного периода, «ОСН» - основного периода.*  *\*\* Укажите письменную форму проведения ГВЭ по русскому языку (диктант предусмотрен для обучающихся с расстройствами аутистического спектра).*  Прошу создать условия, учитывающие состояние здоровья, особенности психофизического развития, для сдачи ГВЭ 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 ГВЭ на  1,5 часа  Необходимость присутствия ассистента    *(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 ГИА \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)  «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   Контактный телефон   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   Регистрационный номер |