|  |
| --- |
| **З А Я В ЛЕ Н И Е на участие в ЕГЭ** **(для выпускников прошлых лет)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|  | Директору БУ РК «Центр оценки качества образования»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Заявление** |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*имя*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |

*отчество (при наличии)***Наименование документа, удостоверяющего личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | - |  |  |  | - |  |  |  |  |  |

**СНИЛС**

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

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

|  |  |
| --- | --- |
| **Наименование учебного предмета** | **Отметка о выборе экзамена\*** |
| Досрочный период | **Основной период**  |
| Основные сроки | Резервные сроки основного периода проведения ЕГЭ |
| Русский язык  |  |  |  |
| Математика (профильный 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 |  |  |  |

\*Для выпускников прошлых лет ЕГЭ проводится в досрочный период и (или) в резервные сроки основного периода проведения ЕГЭ. Предъявлен оригинал/заверенная копия *документа об образовании (среднем общем, среднем (полном) общем, среднем профессиональном)* (нужное подчеркнуть).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.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

Контактный телефон

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

e-mail

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

Регистрационный номер |