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

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | Директору БУ РК «Центр оценки качества образования»  Убушаевой Е.И. | | | | | | | | | | | | | | | | **Заявление** | | | | | | | | | | | | | | | | **Я,** |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |   *фамилия*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   *имя*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |   *отчество (при наличии)*  **Наименование документа, удостоверяющего личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  | - |  |  |  |  |  |   **СНИЛС**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Пол**: |  | Мужской |  | Женский  Нам |   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 |