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| **Руководителю**МОУ «СОШ № 52» |
| (краткое наименование ОО) |
| Баграмян Г.С. |
| (фамилия, инициалы руководителя ОО) |

**заявление.**

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*фамилия*

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*имя*

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| **Дата рождения**: |  |  | . |  |  | . |  |  |  |  |

*отчество***Наименование документа, удостоверяющего личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **СНИЛС:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Пол**: |  | мужской |  | женский |

прошу зарегистрировать меня для участия в итоговом собеседовании по русскому языку.Прошу создать условия для прохождения итогового собеседования по русскому языку, учитывающие состояние здоровья, особенности психофизического развития, подтверждаемые:Оригиналом или надлежащим образом заверенной копией рекомендаций психолого-медико-педагогической комиссииОригиналом или надлежащим образом заверенной копией справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы*Указать дополнительные условия, учитывающие состояние здоровья, особенности психофизического развития*Организация итогового собеседования по русскому языку на базе медицинской организации Организация итогового собеседования по русскому языку на дому по адресу:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Увеличение продолжительности итогового собеседования на 30 минутКопирование материалов итогового собеседования в увеличенном размереОбеспечение аудитории проведения итогового собеседования по русскому языку увеличительным устройством (лупой, электронной лупой)Индивидуальное равномерное освещение не менее 300 люксОборудование аудитории проведения звукоусиливающей аппаратурой коллективного или индивидуального пользованияИспользование звукоусиливающей аппаратуры индивидуального пользования (слухового аппарата)Оформление материалов итогового собеседования по русскому языку рельефно-точечным шрифтом БрайляОрганизация питания и перерывов для проведения необходимых лечебных и профилактических мероприятий Привлечение ассистента \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(указать вид помощи)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(иные дополнительные условия/материально-техническое оснащение, учитывающие состояние здоровья, особенности психофизического развития)*С Памяткой о порядке проведения итогового собеседования по русскому языку ознакомлен (ознакомлена).Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)«\_\_\_» \_\_\_\_\_\_\_\_\_\_20\_\_\_\_ г. С выбором сына (дочери), опекаемого (опекаемой) ознакомлен(а).Подпись родителя(законного представителя) \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)«\_\_\_» \_\_\_\_\_\_\_\_\_\_20\_\_\_\_ г.

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Контактный телефон

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Регистрационный номер  |