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| **Руководителю**   МБОУ «СОШ №2 имени С.И. Подгайнова г. Калининска Саратовской области» |
| (краткое наименование ОО) |
|  Миронову И.В. |
| (фамилия, инициалы руководителя ОО) |

**заявление.**

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*фамилия*

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*имя*

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

*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:

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|  | 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*Организация итогового собеседования по русскому языку на базе медицинской организации \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ по адресу: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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  |