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

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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.  C Порядком проведения ГИА и с Памяткой о правилах проведения ЕГЭ в 2022 году ознакомлен (ознакомлена)  Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)  «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.  Подпись родителя (законного представителя) / уполномоченного лица участника ЕГЭ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)  «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.  Контактный телефон   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   СНИЛС   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   Регистрационный номер   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | |