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| **Заявление** | | | | | | | | | | | | | Директору МБОУ СОШ №3 г.Алагира Бугуловой Л.А. | | | | | | | | | | | | |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*отчество*

**Наименование документа, удостоверяющего личность** **паспорт**

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

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| **Пол**: |  | Мужской |  | Женский |

Прошу зарегистрировать меня для участия в итоговом

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для получения допуска к государственной итоговой аттестации по образовательным программам среднего общего образования.

Согласие на обработку персональных данных прилагается.

C Памяткой о порядке проведения итогового сочинения ознакомлен (-а)

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

«5» ноября 2019г.

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Контактный телефон

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Регистрационный номер