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| **З А Я В ЛЕ Н И Е  на участие в ГИА в форме ЕГЭ** |

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Прошу создать условия, учитывающие состояние здоровья, особенности психофизического развития, для сдачи ГИА 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 экспертиз  *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 ГИА \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)  «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   Контактный телефон   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   Регистрационный номер |