Приложение 1

к Порядку организации, проведения и проверки контрольных работ

для обучающихся 9-х классов, осваивающих образовательные программы основного общего образования

в образовательных организациях Ханты-Мансийского автономного округа – Югры

**Заявление на участие в контрольной работе**

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|  | | | | | | | | | | | | Руководителю образовательной организации  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
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*фамилия*

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

*отчество*

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

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

прошу зарегистрировать меня для участия в контрольной работе по выбранному мною учебному предмету:

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| **Наименование учебного предмета** | **Отметка о выборе** | **Дата проведения контрольной работы** |
| Физика |  |  |
| Химия |  |  |
| Информатика и ИКТ |  |  |
| Биология |  |  |
| История |  |  |
| География |  |  |
| Английский язык |  |  |
| Немецкий язык |  |  |
| Французский язык |  |  |
| Испанский язык |  |  |
| Обществознание |  |  |
| Литература |  |  |

являюсь лицом с ограниченными возможностями здоровья, ребенком-инвалидом, инвалидом *(нужное подчеркнуть*), в связи с чем, прошу создать специальные условия при проведении контрольной работы, учитывающие мое состояние здоровья и особенности психофизического развития

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*(указать конкретные особенности состояния здоровья)*

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*(указать конкретные необходимые специальные условия проведения контрольной работы)*

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| Согласие на обработку персональных данных прилагается.  Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_ г.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Контактный телефон | | | | | | |  | | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  | |  |  |  |  |  |  |  | |   Регистрационный номер  Заявление принял \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.) |