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|  | Председателю Государственной экзаменационной комиссии Ярославской области ГИА-11  Лободе И.В. |

**ЗАЯВЛЕНИЕ**

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фамилия

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имя

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отчество

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| Дата рождения |  |  | . |  |  | . |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

прошу изменить сведения об участии в экзаменах, указанные мной в заявлении от «\_\_\_»\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ регистрационный номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, поданном в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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наименование образовательной организации или пункта регистрации

и снять с регистрации на участие в едином государственном экзамене по следующим учебным предметам:

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| Наименование учебного предмета | Отметка о снятии с регистрации |
| Русский язык |  |
| Математика (*профильный уровень)* |  |
| Математика *(базовый уровень)* |  |
| Физика |  |
| Химия |  |
| Информатика и ИКТ |  |
| Биология |  |
| История |  |
| География |  |
| Обществознание |  |
| Литература |  |
| *Английский язык (письменная часть)* |  |
| *Английский язык (устная часть)* |  |
| *Немецкий язык (письменная часть)* |  |
| *Немецкий язык (устная часть)* |  |
| *Французский язык (письменная часть)* |  |
| *Французский язык (устная часть)* |  |
| *Испанский язык (письменная часть)* |  |
| *Испанский язык (устная часть)* |  |
| *Китайский язык (письменная часть)* |  |
| *Китайский язык (устная часть)* |  |

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| Контактный телефон участника экзамена |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Подпись заявителя «\_\_\_»\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /

дата подпись ФИО

С заявлением ознакомлен «\_\_\_»\_\_\_\_\_\_\_\_20\_\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

дата подпись родителя (законного представителя) ФИО

Заявление принял

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

должность лица, принявшего заявление подпись ФИО

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| Дата регистрации заявления | |  |  | . |  |  | . |  |  |  |  | |  | | |  |  |  | | |  |  |  | |  | |
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| Регистрационный номер |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  |  | |  | |  | |  |