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|  | Директору МОУ СШ №34А.Ю.Черникову |

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| Заявление на участие в итоговом собеседовании по русскому языку |
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*фамилия*

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*имя*

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

*отчество(при наличии)*

Наименование документа, удостоверяющего личность

паспорт

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прошу зарегистрировать меня для участия в итоговом собеседовании по русскому языку

 Согласие на обработку персональных данных прилагается.

C Порядком проведения итогового собеседования ознакомлен.

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

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

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Контактный телефон

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Регистрационный номер