Директору\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(наименование образовательной организации)

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(ФИО)

**Заявление**

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(фамилия)

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(имя)

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 (отчество) *(при наличии)*

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Контактный телефон

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

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серия номер

Прошу отменить мою регистрацию на участие в контрольной работе в 2021 году по следующему учебному предмету:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Основание: заключение ПМПК / справка МСЭ.

*(нужное подчеркнуть)*

Реквизиты документа: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(номер документа и дата выдачи)*

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ФИО)

Подпись родителя (законного представителя) заявителя
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регистрационный номер