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|  | Директору ГБОУ г.Москвы  «Школа №1505 «Преображенская»  Наумову Леониду Анатольевичу |
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| **заявление.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |
| *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |  | | | |  |  |  |
| **Наименование документа, удостоверяющего личность** | | | | | | | | | | |  |  |  |  |  |  |  |

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| **Серия** |  |  |  |  | **Номер** | | | | |  | |  | |  | |  | |  |  |  |  |  |  |
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| **СНИЛС** | |  |  |  |  |  |  |  |  | |  | |  | |  | |  | | | | | | |
| *(при наличии)* | | | | | | | | | | | | | | | | | | | | | | | |

прошу зарегистрировать меня для участия в предпрофессиональном экзамене медицинской направленности.

**Наименование образовательной организации, на базе которой планируется сдача практической части экзамена**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Я предупрежден(а), что повторная сдача экзамена и рассмотрение апелляций по процедуре проведения и результатам экзамена не предусматривается.**

Согласие на обработку персональных данных прилагается.

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

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

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

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| Контактный телефон |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |
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| Электронная почта |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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