Руководителю\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*наименование образовательной организации*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ФИО руководителя образовательной организации*

**ЗАЯВЛЕНИЕ**

**на участие в контрольной работе для обучающихся 9-х классов**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Я, |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия (заполнить печатными буквами)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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*имя (заполнить печатными буквами)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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*отчество (заполнить печатными буквами)*

обучающийся (-аяся) \_\_\_\_\_\_\_ класса/группы \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| дата рождения: | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | *число* | |  | *месяц* | | |  | *год* | | |  |
|  | | | | | | | | | | | | | | | |  |

**прошу зарегистрировать меня на участие в контрольной работе в 2020/2021 учебном году**

по учебному предмету *(нужный пункт отметить знаком «Х»):*

|  |  |
| --- | --- |
| Название предмета | **Выбор предмета** |
|
| Физика |  |
| Химия |  |
| Биология |  |
| История |  |
| Обществознание |  |
| Информатика и ИКТ |  |
| География |  |
| Литература |  |
| Английский язык |  |
| Немецкий язык |  |
| Французский язык |  |
| Испанский язык |  |

Согласие на обработку персональных данных прилагается.

«\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

*подпись обучающегося ФИО*

С заявлением ознакомлен(а) «\_\_\_\_»\_\_\_\_\_\_\_\_\_20\_\_\_\_\_ г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /

*подпись родителя (законного представителя) ФИО*

Заявление принял \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /

*должность подпись ФИО*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Дата |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *число* | |  | *месяц* | |  |  | *год* | |  |  |  |  |