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| Рег.№\_\_\_\_\_\_\_\_\_ Директору АУ УР «РЦИ и ОКО»  Медведевой Н.К.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ФИО заявителя)  **ЗАЯВЛЕНИЕ**  Прошу принять меня в число обучающихся за счет средств бюджета по следующей образовательной программе: «**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**»  (наименование образовательной программы)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Информация:** | | | | | | | | | | | | | | | | | | Фамилия |  | | | | | Имя | |  | | | Отчество | | |  | | | | Дата рождения |  | | | | | Пол | |  | | | СНИЛС | | |  | | | | Место рождения |  | | | | | Гражданство | |  | | | Группа здоровья | | |  | | | | Потребность в адаптированной программе обучения | | | | | | | | | | |  | | | | | | | 2. **Общеобразовательная организация:** | | | | | | | | | | | | | | | | | | Образовательное учреждение | | | |  | | | | | | Класс | | | | | |  | | Классный руководитель: | | | |  | | | | | | Телефон кл.рук. | | | | | |  | | **3. Документ, удостоверяющий личность:** | | | | | | | | | | | | | | | | | | Тип документа | | |  | | | | | | | Дата выдачи | | | |  | | | | Серия | | |  | | | | | | | Номер | | | |  | | | | Кем выдан | | |  | | | | | | | | | | | | | | | **4. Контактная информация:** *Фактический адрес* | | | | | | | | | | | | | | | | | | Населенный пункт | | |  | | | | | Улица | | |  | | | | | | | Дом |  | | | | | Корпус | |  | | | Квартира | | |  | | | | *Адрес регистрации по месту жительства* | | | | | | | | | | | | | | | | | | Населенный пункт | | |  | | | | | Улица | | |  | | | | | | | Дом |  | | | | | Корпус | |  | | | Квартира | | | | **5. Информация о родителе:** | | | | | | | | | | | | | | | | | | Фамилия |  | | | | | Имя | |  | | | Отчество | | |  | | | | Дата рождения |  | | | | | Гражданство | |  | | | СНИЛС | | |  | | | | Место работы |  | | | | | | Должность | | | | |  | | | | | | Тип законного представительства | | | | |  | | | | Тип родства | | | |  | | | | | **6. Контактная информация:** | | | | | | | | | | | | | | | | | | Телефон |  | | | | | e-mail | |  | | | | | | | | | | Адрес (совпадает с фактическим адресом ребенка *(поставить галочку*)) | | | | | | | | | | | | | |  | | | | Населенный пункт | |  | | | | | | Улица | | |  | | | | | | | Дом |  | | | | | Корпус | |  | | | Квартира | | |  | | | | **7. Документ, удостоверяющий личность родителя:** | | | | | | | | | | | | | | | | | | Тип документа | | |  | | | | | | | Дата выдачи | | | |  | | | | Серия | | |  | | | | | | | Номер | | | |  | | | | Кем выдан | | |  | | | | | | | | | | | | | | | **8. Документ, удостоверяющий положение законного представителя по отношению к ребенку:** | | | | | | | | | | | | | | | | | | Тип документа | | |  | | | | | | | Дата выдачи | | | | |  | | | Серия | | |  | | | | | | | Номер | | | | |  | | | Кем выдан | | |  | | | | | | | Действителен до: | | | | |  | |   С Уставом учреждения, Лицензией на осуществление образовательной деятельности, свидетельством о государственной аккредитации, программой и другими нормативными документами, регламентирующими организацию образовательного процесса в учреждении, правами и обязанностями обучающегося ознакомлены и согласны.  Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Дата « » 2017 г. |