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| |  |  | | --- | --- | | Рег.№\_\_\_\_\_\_\_\_\_  Номер сертификата ПФДО\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Директору АУ УР «РЦИ» Медведевой Н.К. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ФИО заявителя) |   **ЗАЯВЛЕНИЕ**  Прошу принять моего сына (дочь) в число обучающихся за счет средств бюджета по следующей образовательной программе: «**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**»  (наименование образовательной программы)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1. Информация о ребенке:** | | | | | | | | | | | | | | | | | | | Фамилия |  | | | | | Имя | |  | | | Отчество | | |  | | | | | Дата рождения |  | | | | | Пол | |  | | | СНИЛС | | |  | | | | | Место рождения |  | | | | | Гражданство | |  | | | Группа здоровья | | |  | | | | | Потребность в адаптированной программе обучения | | | | | | | | | | |  | | | | | | | | **2. Общеобразовательная организация:** | | | | | | | | | | | | | | | | | | | Образовательное учреждение | | | |  | | | | | | Класс, уч.смена | | | | |  | | | | Классный руководитель: | | | |  | | | | | | Телефон кл.рук. | | | | |  | | | | **3. Документ, удостоверяющий личность ребенка:** | | | | | | | | | | | | | | | | | | | Тип документа | | |  | | | | | | | Дата выдачи | | | |  | | | | | Серия | | |  | | | | | | | Номер | | | |  | | | | | Кем выдан | | |  | | | | | | | | | | | | | | | | **4. Контактная информация:** *Фактический адрес* | | | | | | | | | | | | | | | | | | | Населенный пункт | | |  | | | | | Улица | | |  | | | | | | | | Дом |  | | | | | Корпус | |  | | | Квартира | | |  | | | | | *Адрес регистрации по месту жительства (совпадает с фактическим адресом ребенка)* | | | | | | | | | | | | | | | | |  | | 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 родителя:** | | | | | | | | | | | | | | | | | | | Телефон мамы |  | | | | | | Телефон папы | | | |  | | | | | | | | Электронная почта | | |  | | | | | | | | | | | | | | | | 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, программой и другими нормативными документами, регламентирующими организацию образовательного процесса в учреждении, правами и обязанностями обучающегося ознакомлены и согласны.  Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Дата « » 20 г. |

СОГЛАСИЕ НА ОБРАБОТКУ ПЕРСОНАЛЬНЫХ ДАННЫХ

Я, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(фамилия, имя, отчество)

проживающий(ая) по адресу: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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паспорт серии \_\_\_\_\_\_\_\_\_\_\_\_\_\_№\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_выдан\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

дата выдачи «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_г., являясь законным представителем ребенка\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

даю согласие на обработку в Автономном учреждении Удмуртской Республики «Региональный центр информатизации» (далее - АУ УР «РЦИ») моих персональных данных (*фамилия, имя, отчество, дата рождения, гражданство, СНИЛС, место работы, должность, тип законного представительства, тип родства, номер телефона, e-mail, адрес фактический/ регистрации по месту жительства, паспортные данные, данные документы удостоверяющего положение законного представителя по отношению к ребенку)* и персональных данных моего ребенка\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(фамилия, имя, отчество, дата рождения, пол, СНИЛС, место рождения, гражданство, группа здоровья, потребность в адаптированной программе обучения, общеобразовательная организация: образовательная организация, класс; данные свидетельства о рождении (паспортные данные при достижении 14 лет), адрес фактический/ регистрации по месту жительства)* в целях осуществления образовательной деятельности с использованиемавтоматизированной информационной системы «Электронное дополнительное образование».

Также, даю согласие на размещение фамилии, имени и сведениях об успехах, достижениях моего ребенка и фотографии моего ребенка во время занятий и мероприятий на официальных сайтах АУ УР «РЦИ» на время обучения, с целью организации образовательно процесса и информирования о достижениях ребенка.

Настоящие согласие предоставляется на осуществление любых действий в отношении моих персональных данных и персональных данных моего ребенка, которые необходимы или желаемы для достижения указанных выше целей, включая сбор, запись, систематизацию, накопление, хранение, уточнение (обновление, изменение), извлечение, использование, обезличивание, блокирование, удаление и уничтожение персональных данных.

Настоящее согласие действует до достижения цели обработки. Я оставляю за собой право отозвать настоящее согласие, письменно уведомив об этом АУ УР «РЦИ».

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

(подпись) (Ф.И.О.)

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