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|  | Приложение 4 к приказу  Департамента образования и науки  Ивановской области  от \_\_\_\_\_\_\_\_\_\_\_\_\_ № \_\_\_\_-о |

**Форма Д-1-ГВЭ**

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| **ФОРМА ЗАЯВЛЕНИЯ**  **об участии в ГИА в форме ГВЭ** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | Руководителю  образовательной организации  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Заявление**  **об участии в ГИА в форме ГВЭ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   *фамилия*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   *имя*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   *отчество*   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Дата рождения**: | ч | ч | . | м | м | . | г | г | г | г |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Контактный телефон** |  |  |  |  |  |  |  |  |  |  |  |   **Наименование документа, удостоверяющего личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Реквизиты документа, удостоверяющего личность:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Серия** |  |  |  |  |  |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **СНИЛС** |  |  |  | - |  |  |  | - |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Пол**: |  | Мужской |  | Женский |   Прошу зарегистрировать меня для участия в ГИА в форме ГВЭ по следующим учебным предметам:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Наименование учебного предмета** | **Отметка о выборе формы ГВЭ** | | | | **Выбор периода проведения\*** | | **Письменная форма**\*\* | | | **Устная форма** | | Русский язык |  | | |  |  | | Сочинение |  |  | |  |  | |  |  | | Диктант |  | |  | | Математика |  | | |  |  |   \* Укажите «ДОСР» для выбора досрочного периода, «ОСН» − для основного периода, «ДОП» − для основного периода.  \*\* Укажите письменную форму проведения ГВЭ по русскому языку (диктант предусмотрен для экзаменуемых с расстройствами аутистического спектра).  Прошу организовать проведение экзаменов в условиях, учитывающих состояние моего здоровья, особенности психофизического развития, подтверждаемые:  оригиналом или надлежащим образом заверенной копией рекомендаций психолого-медико-педагогической комиссии (ПМПК);  оригиналом или надлежащим образом заверенной копией справки, подтверждающей факт установления инвалидности, выданной федеральным государственным учреждением медико-социальной экспертизы (ФГУ МСЭ).  *Указать дополнительные условия,* *учитывающие состояние здоровья, особенности психофизического развития:*  специализированная аудитория;  увеличение выполнения экзаменационной работы на 1,5 часа;  необходимость присутствия ассистента;  иное (указать при необходимости):  *(иные дополнительные условия/материально-техническое оснащение,* *учитывающие состояние здоровья, особенности психофизического развития)*  С порядком проведения ГИА, в том числе со сроками, местами проведения ГИА, с основаниями для удаления из ППЭ, с процедурой досрочного завершения экзамена по объективным причинам, правилами заполнения бланков, о ведении в ППЭ и аудиториях видеозаписи, с порядком подачи и рассмотрения апелляций о нарушении Порядка и о несогласии с выставленными баллами, со временем и местом ознакомления с результатами ГИА, ознакомлен /ознакомлена ознакомлен (-а).  Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)  Подпись родителя (законного представителя) несовершеннолетнего  участника ГИА \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ф.И.О.)  «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Регистрационный номер |  |  |  |  |  |  |  |  |  |  |  | |