|  |  |
| --- | --- |
| Форма 2 | УТВЕРЖДЕНА  приказом министерства  образования Ярославской области  от № |
|  | Председателю ГЭК *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *ФИО председателя ГЭК* |

**ЗАЯВЛЕНИЕ**

**об изменении перечня сдаваемых учебных предметов и/или изменении формы ГИА-9, и/или изменении сроков участия в ГИА-9**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*имя*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | , |

*отчество (при наличии)*

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

*наименование образовательной организации*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Дата рождения:** | | | | |  |  |  | |  | |  | |  | |  | |  |  |  | |  | **Пол:** | | |  | | Мужской | | | | |  | | Женский | | | | | | |  | |
|  |  |  |  |  | *число* | | |  | | *месяц* | |  | | | | *год* | | | |  | | | | | | | | | | | | | | | | | |
| **Документ, удостоверяющий личность:** | | | | | | | | | | | | | |  | | | | | | | | |  |  | |  | |  |  |  |  | |  | |  |  |  | | |  | |
| *наименование документа серия номер* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Прошу изменить: перечень сдаваемых учебных предметов и/или форму прохождения ГИА-9, и/или сроки участия в ГИА-9, заявленные мной до 01 марта 2025 года** (нужное подчеркнуть):

*Отметить нужный пункт знаком «Х»*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Название предмета | **БЫЛО** | | | | | | **СТАЛО** | | | | | |
| ОГЭ | Дата\* | ГВЭ | | | Дата\* | ОГЭ | Дата\*\* | ГВЭ | | | Дата\*\* |
| Письменная форма | | Устная форма | Письменная форма | | Устная форма |
| Русский язык |  |  | *Изложение* |  |  |  |  |  | *Изложение* |  |  |  |
| *Осложненное списывание\*\*\*\** |  | *Осложненное списывание\*\*\*\** |  |
| *Диктант\*\*\*\*\** |  | *Диктант\*\*\*\*\** |  |
| Математика |  |  |  | |  |  |  |  |  | |  |  |
| Физика |  |  |  | |  |  |  |  |  | |  |  |
| Химия\*\*\* |  |  |  | |  |  |  |  |  | |  |  |
| Биология |  |  |  | |  |  |  |  |  | |  |  |
| История |  |  |  | |  |  |  |  |  | |  |  |
| Обществознание |  |  |  | |  |  |  |  |  | |  |  |
| Информатика |  |  |  | |  |  |  |  |  | |  |  |
| География |  |  |  | |  |  |  |  |  | |  |  |
| Литература |  |  |  | |  |  |  |  |  | |  |  |
| Английский язык |  |  |  | |  |  |  |  |  | |  |  |
| Немецкий язык |  |  |  | |  |  |  |  |  | |  |  |
| Французский язык |  |  |  | |  |  |  |  |  | |  |  |
| Испанский язык |  |  |  | |  |  |  |  |  | |  |  |

\* - указывается дата экзамена в соответствии с датой, указанной в РИС

\*\* - указывается планируемая дата в соответствии с расписанием ОГЭ/ГВЭ

\*\*\* - при выборе предмета «Химия» в форме ОГЭ необходимо предоставить согласие родителя (законного представителя) несовершеннолетнего на выполнение химического эксперимента на экзамене

\*\*\*\* - для обучающихся с ТНР, ЗПР, НОДА (осваивающие вариант 6.2 ФАОП ОО) *(по их желанию)*

\*\*\*\*\* - для обучающихся с расстройствами аутистического спектра

в связи с наличием уважительной причины \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

указать уважительные причины (болезнь или иные обстоятельства, подтвержденные документально)

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

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

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

К заявлению прилагаются документы (заверенные копии документов), подтверждающие уважительную причину (перечислить) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

*дата подпись обучающегося ФИО*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Контактный телефон |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

*дата подпись родителя (законного представителя) ФИО*

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

*должность подпись ФИО*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Дата |  |  |  |  |  |  |  |  |  |  |  |  |