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Сообщаю о ребенке следующие данные:

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(фамилия)

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(имя)

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(отчество)

дата рождения «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ года,

Адрес:

почтовый индекс \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, город, район \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   
улица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, дом \_\_\_\_\_\_\_\_\_\_\_\_, кв. \_\_\_\_\_\_­\_,

телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Документ (паспорт) удостоверяющий личность, \_\_\_\_\_\_\_\_\_\_ серия №\_\_\_\_\_\_\_\_\_\_\_\_\_\_, выдан\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_«\_\_\_\_\_»\_\_\_\_\_\_\_\_\_ г.,

Обучался (лась)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(название образовательной организации, город)

Изучаемый иностранный язык\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_ 2016 г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись законного представителя)

С копиями лицензии, государственной аккредитации и приложений ознакомлен (а)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись законного представителя)

Я проинформирован (а):

о порядке проведения вступительных испытаниях;

о правилах подачи апелляции;

о возможности получения информации на информационном стенде, сайте Училища [www.duor.sibhost.ru](http://www.duor.sibhost.ru)

на русском языке.

о предоставлении оригинала документа, подтверждающий уровень образования (личного дела поступающего) в срок до 31.08.2016 г.

«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_ 2016 г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись законного представителя)

Заявление принял

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(подпись) (ФИО) (должность, место работы)

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