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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Директору МАОУ «СШ №35»  С. А. Лифер | | | | | |  | |  | | | | от | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | (Ф. И. О. родителя (законного представителя) несовершеннолетнего обучающегося) | | | | | проживающего(ей) по адресу | | |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | |  | | контактный телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |

ЗАЯВЛЕНИЕ

Прошу зачислить моего ребёнка \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Ф. И. О. несовершеннолетнего)

в платную группу углубленного изучения общеобразовательных предметов (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) с «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_202\_г.

«\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_г.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись) (расшифровка подписи)

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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Директору МАОУ «СШ №35»  С. А. Лифер | | | | | |  | |  | | | | от | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | (Ф. И. О. родителя (законного представителя) несовершеннолетнего обучающегося) | | | | | проживающего(ей) по адресу | | |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | |  | | контактный телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |

ЗАЯВЛЕНИЕ

Прошу зачислить моего ребёнка \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Ф. И. О. несовершеннолетнего)

в платную группу продленного дня (присмотр и уход) с «\_\_\_\_» \_\_\_\_\_\_202\_г.

«\_\_\_\_» \_\_\_\_\_\_\_\_\_ 202\_г.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись) (расшифровка подписи)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Директору МАОУ «СШ №35»  С. А. Лифер | | | | | |  | |  | | | | от | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | (Ф. И. О. родителя (законного представителя) несовершеннолетнего обучающегося) | | | | | проживающего(ей) по адресу | | |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | |  | | контактный телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |

ЗАЯВЛЕНИЕ

Прошу зачислить моего ребёнка \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Ф. И. О. несовершеннолетнего)

в платную группу по организации консультаций по общеобразовательным предметам (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) с «\_\_\_\_» \_\_\_\_\_\_202\_г.

«\_\_\_\_» \_\_\_\_\_\_\_\_\_ 202\_г.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись) (расшифровка подписи)