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| Зачислить в класс срок обучения |  | Директору ГАПОУ «ПККИ» |
| Льгота на оплату за обучение % |  | Перекресту В.А. |
| (предоставляется на основании справок, ежегодно, до 10 сентября) |  |  |
| № договора основной: дата |  | От  |
| № договора доп предметы: дата |  |  |
| Приказ о зачислении № -ДХШ от |  |  |
| Приказ о предоставление доп занятий: |  | (Ф.И.О. родителя или |
| Предоставление дополнительных занятий: |  | законного представителя ребенка) |
| по |  |  |
| Доп. соглашение |  |  |
| Доп. соглашение  |  |  |

**ЗАЯВЛЕНИЕ**

Прошу принять моего ребенка в число учащихся \_\_\_\_\_\_\_\_ класса Детской хореографической школы:

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- по программе ДПОП Хореографическое творчество, срок обучения 8 лет

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- по программе ДОП Художественно-эстетической направленности в области хореографии, срок обучения 1 год 2 года

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| Дата рождения |  |  | - |  |  | - |  |  |  |  |

***Сведения о ребенке:***

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Прописка/ регистрация | Край, обл. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Нас. пункт |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Улица |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| индекс |  | № | д |  |  |  |  | к |  |  |  |  | к |  |  |  |  |  |  |  |

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| Проживание пребывание | Нас. пункт |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Улица |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| индекс |  | № | д |  |  |  |  | к |  |  |  |  | к |  |  |  |  |  |  |  |

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| № телефона ребенка |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № телефона домашний |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Электронный адрес родителей |  |  |  |  |  |  |  |  |  |  |  |  |  |

Посещает: общеобразовательную школу № \_\_\_\_\_\_\_ класс \_\_\_\_\_\_ смена \_\_\_\_\_\_\_\_\_\_\_\_

Д/сад № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ группа \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***С уставными документами, лицензией, локальными актами, образовательными программами ознакомлен (-а)***  Подпись родителя (или законного представителя ребенка) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Дата «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ г.

***Оплату за обучения необходимо вносить на лицевой счет колледжа до 01 числа месяца следующего за учебным***.

Дата «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ г.

Подпись родителя (или законного представителя ребенка) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**К заявлению прилагаются следующие документы:**

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1. Копия паспорта\*\* одного из родителей для заключения договора об оказании образовательной услуги.
2. Копия свидетельства о рождении до 14 лет. После 14 лет – копия паспорта\*\*
3. Справка о наличии льгот на оплату за обучение (предоставляется **ЕЖЕГОДНО** в срок до 10 сентября)
4. Справка о состоянии здоровья (по требованию специализации обучения)

\* - или иного документа, подтверждающего личность.

**АНКЕТА сведения о родителях или законных представителей ребенка**

***Мать:***

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| № телефона сотовый |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № телефона рабочий |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № телефона для контакта (не родители – бабушка, дедушка, тетя, дядя….) |  |  |  |  |  |  |  |  |  |  |  |  |  |

Место работы, должность, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Вид документа, подтверждающего личность: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Данные документа:**

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| серия |  |  |  |  | № |  |  |  |  |  |  | Код подразделения |  |  |  | - |  |  |  |

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| Кем выдан |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Прописка | Край/область |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Город |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Улица |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Согласен на обработку своих персональных данных в порядке, установленном Федеральным законом от 27.07.2006 № 152-ФЗ «О персональных данных» Дата «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ г. Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Отец:***

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| № телефона сотовый |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № телефона рабочий |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № телефона для контакта (не родители – бабушка, дедушка, тетя, дядя..) |  |  |  |  |  |  |  |  |  |  |  |  |  |

Место работы, должность, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Вид документа, подтверждающего личность:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Данные документа:**

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| серия |  |  |  |  |  | № |  |  |  |  |  |  | Код подразделения |  |  |  | - |  |  |  |

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| Кем выдан |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Прописка / регистрация | Край/область |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Нас. пункт |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Улица |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| индекс |  | д |  |  |  |  |  | к |  |  |  |  |  | к |  |  |  |  |  |  |

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