**Форма 1-АП**

АПЕЛЛЯЦИЯ

о несогласии с выставленными баллами по ОГЭ

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | предмет |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| код наименование | | | | | | | | | | | | | | | | |  | | | |

**Сведения об участнике ОГЭ:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Документ, удостоверяющий личность |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (паспорт) | серия номер | | | | | | | | | | | | | |

Контактный телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
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|  |  | Регион \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

код

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | |  |  |  | Образовательное учреждение \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| код | | | | | | | | |  | | | | | | |
|  |  | |  | |  | Пункт проведения ОГЭ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Аудитория |  |  |  |  |

код

**Заявление**

Прошу пересмотреть выставленные мне результаты ОГЭ по \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, так как, по моему мнению, данные мною ответы на задания были оценены (обработаны) неверно.

Прошу рассмотреть апелляцию

|  |  |
| --- | --- |
|  | − в моем присутствии, |

|  |  |
| --- | --- |
|  | − в присутствии законного представителя, |

|  |  |
| --- | --- |
|  | − без меня (моих представителей). |

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| Дата |  |  | . |  |  | . |  |  |  | /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ |
|  |  |  |  |  |  |  |  |  |  | подпись ФИО |

Дата объявления результатов ОГЭ:

|  |  |  |  |  |  |  |  |
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|  |  | . |  |  | . |  |  |

Заявление принял:

/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ должность

/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

подпись ФИО

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| Регистрационный |  |  |  |  |
| номер в конфликтной комиссии |  | | | |