**Форма 1-АП**

АПЕЛЛЯЦИЯ

о несогласии с выставленными баллами по ОГЭ

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

**Сведения об участнике ОГЭ:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

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

код

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | 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). |

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

Дата объявления результатов ОГЭ:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | . |  |  | . |  |  |

Заявление принял:

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

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

 подпись ФИО

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Дата |  |  | . |  |  | . |  |  |

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