Директору

  МБОУ «Комсомольская СОШ»

                                                                                                                     Глебовой И.А.

                                                                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           ( Ф.И.О. родителя)

                                                                           проживающего по адресу:

                                                                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           дом. тел.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **З а я в л е н и е.**

Прошу  Вас принять моего сына (дочь) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                         (Ф.И.О. ребенка)

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_в­\_\_\_\_\_\_\_ класс на дневную (заочную) форму обучения

     (дата рождения ребенка)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(место рождения ребенка)

Прибыл(а) из \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Изучает \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  язык.

 Мать:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_,

                                     (Ф.И.О.)                                                                         (год рождения)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

               (место работы) ( занимаемая должность)

Отец:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_,

                                     (Ф.И.О.)                                                                          (год рождения)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                              (место работы)                  (занимаемая должность)

  С Уставом МБОУ «Комсомольская СОШ» п. Комсомольский ознакомлены

 \_\_\_\_\_\_\_\_\_\_\_

С лицензией на право ведения образовательной деятельности ознакомлены

 \_\_\_\_\_\_\_\_\_\_\_\_

Со свидетельством о государственной аккредитации ознакомлены

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

С режимом работы школы ознакомлены

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  20\_\_ г.                                      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                                  (подпись)