# ZAŁĄCZNIKI

## Załącznik I. 1. Deklaracja przystąpienia do egzaminu

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| **Dane osobowe ucznia /słuchacza /absolwenta** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwisko: | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |
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| Imię (imiona): | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |
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| Numer PESEL\*: | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |
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| Data i miejsce urodzenia: | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |
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| Nazwisko rodowe: | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |
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| Imię ojca i imię matki: | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |
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| **Adres do korespondencji** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| miejscowość: | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | |
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| ulica i numer domu: | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | |
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| kod pocztowy i poczta: | | | | | | | |  | | | | |  | | | | ***-*** | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | |
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| nr telefonu z kierunkowym: | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | |

*\*\** w przypadku braku numeru PESEL *-* seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość

**DEKLARACJA PRZYSTĄPIENIA DO EGZAMINU**

**Deklaruję przystąpienie do egzaminu potwierdzającego kwalifikacje zawodowe**w[[1]](#footnote-1)  styczniu \*/  czerwcu\* w roku szkolnym 20..../20.... w zawodzie:

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| *symbol cyfrowy* | | | | | | |  | *nazwa zawodu* |

W etapie pisemnym\* i praktycznym\*

Jestem:

- uczniem/słuchaczem  zsz\*/  technikum 4-letniego\*/  technikum uzupełniającego\*/

/

*oddział / numer w dzienniku*

szkoły policealnej\* - 1-rocznej\*/ 1,5-rocznej\*/

2-letniej\*/ 2,5-letniej\*

- absolwentem\* (*miesiąc i rok ukończenia szkoły* ...................................................................................)

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*nazwa szkoły, adres*

 Proszę o dostosowanie warunków i formy przeprowadzania egzaminu\* do moich indywidualnych potrzeb zgodnie z opinią (orzeczeniem) poradni psychologiczno-pedagogicznej.

 Opinia (orzeczenie)\* w załączeniu.

Wyrażam zgodę\* na przetwarzanie moich danych osobowych do celów związanych z egzaminem potwierdzającym kwalifikacje zawodowe.

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| \**właściwe zaznaczyć* | ........................................................  *czytelny podpis* |

WNIOSEK O WYDANIE SUPLEMENTU

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Proszę o wydanie suplementu do dyplomu potwierdzającego kwalifikacje zawodowe –   
EUROPASS – w języku polskim i w języku angielskim.

1. *W styczniu egzamin przeprowadzany jest* ***tylko*** *dla absolwentów szkół, w których zajęcia dydaktyczno-wychowawcze kończą się w styczniu, a w czerwcu* ***tylko*** *dla absolwentów szkół, w których zajęcia dydaktyczno-wychowawcze kończą się w czerwcu.(Podstawa - Rozporządzenie Ministra Edukacji Narodowej z dnia 30 kwietnia 2007 r. w sprawie warunków i sposobu oceniania, klasyfikowania i promowania uczniów i słuchaczy oraz przeprowadzania sprawdzianów i egzaminów w szkołach publicznych).* [↑](#footnote-ref-1)