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|  | Директору КГБПОУ «Ачинский торгово-экономический техникум»  Головину В.Ю. |

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| Фамилия | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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| Имя |  | |  |  |  |  |  |  |  |  |  |  | Отчество | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
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| Гражданство \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Документ, удостоверяющий личность | | | | | | | | | | |  | |  | |  | | |  | | |  | | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Серия |  |  |  |  |  |  | Номер |  | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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| Кем выдан |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
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| Дата выдачи | |  | |  | | **.** | |  | |  | | **.** | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| Место рождения | |  | | | |  | |  | |  | | |  | | |  | | |  | | | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Дата рождения |  | |  | **.** |  | |  | | **.** | | |  | | |  | | |  | | |  | | |  | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Адрес постоянного места жительства: | | | | | | | | | | | | | | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *(по док-ту, удостоверяющему личность)* | | | | | | *(индекс) (область, край, республика)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *район (кроме жителей областных и районных центров) (населенный пункт: город, посёлок, село, деревня, др.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| улица |  | | | | | | |  | |  | |  |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| контактный телефон: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Прошу принять меня на обучение в краевое государственное бюджетное профессиональное образовательное учреждение «Ачинский торгово-экономический техникум» по образовательной программе среднего профессионального образования - программе подготовки специалистов среднего звена, программе подготовки квалифицированных рабочих, служащих, по специальности, профессии (*не нужное зачеркнуть*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
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| по очной |  | заочной | | |  | | форме обучения, | | | | на место, финансируемое за счет средств бюджетных | | | | | | | | | | | |
|  | | | |  | |  | | | | | | | | | | | | | | | | |  | |
| ассигнований бюджета Красноярского края | | | | | | | | | | | |  | по договору об оказании платных образовательных | | | | | | | | | | |
|  | | | | | | | | |  | |  | | | | | | | | | | | |  | |  |
| услуг за счет средств: физического лица | | | | | | | | | |  | | юридического лица | | | | | |  | |  | | | |
|  | | | | | | | | | |  | |  | | | | | |  | |  | | | |
| В предоставлении общежития: нуждаюсь | | | | | | | | | | | | | |  | не нуждаюсь | |  | |  | | | | |

Сведения о предыдущем уровне образования:

Окончил(а) в \_\_\_\_\_\_\_\_\_\_\_\_ году\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                                                                              *(полное наименование образовательной организации)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| Имею: | аттестат | | *об основном общем образовании* | | | | | | | |  | | *среднем общем образовании* | | |  | |
| диплом | *о начальном профессиональном образовании* | | | | | | | | | | |  | | *среднем профессиональном образовании* | | | | | |  |
| *высшем профессиональном образовании* | | | | | | | |  | серия \_\_\_\_\_\_\_\_\_\_\_\_\_ номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| иной документ | |  | | |  |  | | |  |  | | | | |  | |  | |  | | |
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| Изучал(а) язык(и): | | | | *английский* |  | *немецкий* | | |  | *другой* | | | | |  | | не изучал | | |  | |

При поступлении на обучение имею право на следующие льготы: *\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Наименование и реквизиты документа(ов), предоставляющего(их) право на льготы \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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О себе дополнительно сообщаю: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Родители (законные представители)

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| Фамилия: |  | Фамилия: |
| Имя: |  | Имя: |
| Отчество: |  | Отчество: |
| Гражданство: |  | Гражданство: |
| Место работы: |  | Место работы: |
|  |  |  |
| Адрес постоянного места жительства: |  | Адрес постоянного места жительства: |
|  |  |  |
|  |  |  |
| Телефон: |  | Телефон: |

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| Среднее профессиональное образование получаю: | впервые |  | не впервые |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись, Фамилия И.О. поступающего)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись, Фамилия И.О. родителя (законного*  *представителя) несовершеннолетнего поступающего)* | |
| Личной подписью свидетельствую, что ознакомлен(а) с(со):  уставом Учреждения, сведениями о дате предоставления и регистрационном номере лицензии на осуществление образовательной деятельности, сведениями о дате предоставления и регистрационном номере государственной аккредитации образовательной деятельности по реализуемым образовательным программам, с образовательной программой и нормативным сроком обучения по выбранной специальности, профессии., и другими документами, регламентирующими организацию и осуществление образовательной деятельности, права и обязанности обучающихся: Правилами приема на обучение в Учреждение на 2023-2024 учебный год; условиями обучения в Учреждении; Правилами внутреннего распорядка обучающихся; Положением об организации деятельности по оказанию платных образовательных услуг (при приеме на обучение за счет средств физических и (или) юридических лиц). | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись, Фамилия И.О. поступающего)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись, Фамилия И.О. родителя (законного*  *представителя) несовершеннолетнего поступающего)* | |
| С датой предоставления в Учреждение оригинала документа об образовании и (или) документа об образовании и о квалификации ознакомлен(а). | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись, Фамилия И.О. поступающего)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись, Фамилия И.О. родителя (законного*  *представителя) несовершеннолетнего поступающего)* | |
|  | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ на участие в общественно-полезном труде, самообслуживании, общественной  *Согласен/не согласен*  жизни Учреждения. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись, Фамилия И.О. поступающего)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись, Фамилия И.О. родителя (законного*  *представителя) несовершеннолетнего поступающего)* | |

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| Секретарь приемной комиссии  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Ф.И.О.)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(личная подпись)* |
| «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ г. |  |

Ответственный секретарь приемной комиссии \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Симон Татьяна Николаевна *(личная подпись)*

(ФИО)

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2023 г.