## Załącznik I. 1. Deklaracja przystąpienia do egzaminu

Zwoleń ……. ……….2014 r.

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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: | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | |

**DEKLARACJA PRZYSTĄPIENIA DO EGZAMINU**

**Deklaruję przystąpienie do egzaminu potwierdzającego kwalifikacje zawodowe**w[[1]](#footnote-1)  styczniu \*/⌧  czerwcu\* w roku szkolnym 2014/2015 w zawodzie:

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|  |  |  | [ |  |  | ] |  |  |
| *symbol cyfrowy* | | | | | | |  | *nazwa zawodu* |

W etapie 🞎 pisemnym\* i 🞎praktycznym\*

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

Zespół Szkół Rolniczo-Technicznych im. Bohaterów Walki z Faszyzmem w Zwoleniu,

ul. Wojska Polskiego 78, 26-700 Zwoleń

*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.

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##### Załącznik I. 2. Potwierdzenie przyjęcia deklaracji.

##### POTWIERDZENIE

Potwierdzam przyjęcie DEKLARACJI PRZYSTĄPIENIA DO EGZAMINU POTWIERDZAJĄCEGO KWALIFIKACJE ZAWODOWE w zawodzie:

*……………………………………………………………………*

*nazwa zawodu*

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*etap / etapy egzaminu*

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*imię i nazwisko składającego deklarację*

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*czytelny podpis osoby przyjmującej deklarację*

Data: ……………2014 r. pieczęć szkoły

## Załącznik I. 2. Potwierdzenie przyjęcia deklaracji

##### POTWIERDZENIE

Potwierdzam przyjęcie DEKLARACJI PRZYSTĄPIENIA DO EGZAMINU POTWIERDZAJĄCEGO KWALIFIKACJE ZAWODOWE w zawodzie:

*……………………………………………………………………*

*nazwa zawodu*

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*etap / etapy egzaminu*

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*imię i nazwisko składającego deklarację*

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*czytelny podpis osoby przyjmującej deklarację*

Data: ……………. 2014 r. pieczęć szkoły

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)