*Uwaga: deklaracja dotyczy egzaminu w jednej kwalifikacji, osoba przystępująca do egzaminu w więcej niż jednej kwalifikacji wypełnia deklarację dla każdej kwalifikacji osobno*

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**jestem** 🗌**uczniem** 🗌**słuchaczem** 🗌**absolwentem**

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| ZWOLEŃ | ***1*** | ***5*** | ***0*** | ***9*** | ***2*** | ***0*** | ***2*** | ***0*** |
| miejscowość, data | *d* | *d* | *m* | *m* | *r* | *r* | *r* | *r* |

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| **Dane osobowe słuchacza** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Nazwisko: | | | | | | ***N*** | | | | | ***O*** | | | | ***W*** | | | | | ***A*** | | | | | ***K*** | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Imię (imiona): | | | | | | ***J*** | | | | | ***A*** | | | | ***N*** | | | | |  | | | | | ***P*** | | | | ***I*** | | | | | ***O*** | | | | | ***T*** | | | | ***R*** | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Data urodzenia: | | | | | | ***2*** | | | | | ***4*** | | | | ***1*** | | | | | ***1*** | | | | | ***2*** | | | | ***0*** | | | | | ***0*** | | | | | ***3*** | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | *d* | | | | | *d* | | | | *m* | | | | | *m* | | | | | *r* | | | | *r* | | | | | *r* | | | | | *r* | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
| Numer PESEL: | | | | | | ***0*** | | | | | ***3*** | | | | ***3*** | | | | | ***1*** | | | | | ***2*** | | | | ***4*** | | | | | ***9*** | | | | | ***0*** | | | | ***9*** | | | | ***0*** | | | | | ***9*** | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| *w przypadku braku numeru PESEL - seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| miejscowość: | | | | | | | ***Z*** | | | | | ***W*** | | | | ***O*** | | | | | ***L*** | | | | | ***E*** | | | | ***Ń*** | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| ulica i numer domu: | | | | | | | | ***W*** | | | | | ***O*** | | | | ***J*** | | | | | ***S*** | | | | | ***K*** | | | | ***A*** | | | | |  | | | | | ***P*** | | | | ***O*** | | | | ***L*** | | | | | ***S*** | | | | | ***K*** | | | | ***I*** | | | | | ***E*** | | | | ***G*** | | | | ***O*** | | |  | | | | ***7*** | | | | ***8*** | | |  | | |  | | | |  | | |  | |
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| kod pocztowy i poczta: | | | | | | | | ***2*** | | | | | ***6*** | | | | ***-*** | | | | | ***7*** | | | | | ***0*** | | | | ***0*** | | | | |  | | | | | ***Z*** | | | | ***W*** | | | | ***O*** | | | | | ***L*** | | | | | ***E*** | | | | ***Ń*** | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
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| **nr telefonu**: | | | | | | | | ***5*** | | | | | ***5*** | | | | ***5*** | | | | | ***6*** | | | | | ***6*** | | | | ***6*** | | | | | ***9*** | | | | | ***9*** | | | | ***9*** | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
| **Adres poczty elektronicznej** | | | | | | | | ***JAN.NOWAK@WP.PL*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Deklaruję przystąpienie do egzaminu potwierdzającego kwalifikacje w zawodzie\***

X

🗌**w sesji Zima (deklarację składa się do 15 września 2020 r.)**

🗌**w sesji Lato (deklarację składa się do 7 lutego 2021 r.)**

**w kwalifikacji**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RL | | | | . | | 22 | | |  | | Organizacja prac związanych z budową oraz konserwacją obiektów małej architektury krajobrazu |
| *oznaczenie kwalifikacji zgodne  z podstawą programową szkolnictwa zawodowego* | | | | | | | | | | |  |
| *nazwa kwalifikacji* |
| **wyodrębnionej w zawodzie** | | | | | | | | | | | |
|  | | 3 | 1 | | 4 | | 2 | 0 | | 2 | TECHNIK ARCHITEKTURY KRAJOBRAZU |
|  | *symbol cyfrowy zawodu* | | | | | | | | | | *nazwa zawodu* |

**Do egzaminu będę przystępować**\*

X

🗌**po raz pierwszy** 🗌**po raz kolejny w części pisemnej** 🗌**po raz kolejny w części praktycznej**

Zaznaczamy tylko gdy uczeń posiada orzeczenie lub opinie z której wynika potrzeba dostosowania

Zaznaczamy tylko gdy uczeń posiada orzeczenie lub opinie z której wynika potrzeba dostosowania

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Ubiegam się o dostosowanie warunków egzaminu\* ** TAK /  NIE**

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Do deklaracji dołączam\*:

🗌Orzeczenie/opinię publicznej poradni psychologiczno-pedagogicznej (w przypadku występowania dysfunkcji)

🗌Zaświadczenie o stanie zdrowia wydane przez lekarza\* (w przypadku choroby lub niesprawności czasowej)

🗌Świadectwo ukończenia szkoły

|  |  |
| --- | --- |
| \**właściwe zaznaczyć* | Jan Nowak  ........................................................  *czytelny podpis* |
| Potwierdzam przyjęcie deklaracji  ………………………………………………….  Pieczęć szkoły | .......................................................  data, czytelny podpis osoby przyjmującej |