**Załącznik 3e. Deklaracja dla ucznia posiadającego orzeczenie o potrzebie kształcenia specjalnego wydane ze względu na niepełnosprawność, kształcącego się w zawodzie, dla którego przewidziano zawód o charakterze pomocniczym**

*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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| miejscowość, data | *d* | *d* | *m* | *m* | *r* | *r* | *r* | *r* |

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| **Dane osobowe ucznia** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| *w przypadku braku numeru PESEL – seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
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| adres poczty elektronicznej: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Deklaruję przystąpienie do egzaminu zawodowego w terminie głównym**\*

**w sesji Zima (deklarację składa się do 15 września 20…. r.)**

**w sesji Lato (deklarację składa się do 7 lutego 20…. r.** lub w przypadku ponownego przystępowania po egzaminie w sesji Zima – w czasie 7 dni od ogłoszenia wyników egzaminu)

**w kwalifikacji wyodrębnionej w zawodzie, w którym się kształcę**\*

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| *symbol kwalifikacji zgodny z podstawą programową szkolnictwa branżowego* | | | | | | | | | | | | | |  |
| *nazwa kwalifikacji* |
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|  | *symbol cyfrowy zawodu* | | | | | | | | | | | | | *nazwa zawodu* |

**w kwalifikacji wyodrębnionej w zawodzie o charakterze pomocniczym przewidzianym dla zawodu, w którym się kształcę**\*

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| *symbol kwalifikacji zgodny z podstawą programową szkolnictwa branżowego* | | | | | | | | | | | | | |  |
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**Do egzaminu będę przystępować**\*

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

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

Do deklaracji dołączam\*:

Orzeczenie o potrzebie kształcenia specjalnego wydanego ze względu na niepełnosprawność

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

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