**Załącznik 3b. Deklaracja dla absolwenta, którego szkoła została zlikwidowana oraz osoby, która ukończyła KKZ w przypadku likwidacji podmiotu prowadzącego KKZ**

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

** Jestem** **absolwentem/ absolwentką**\* szkoły, która została zlikwidowana

*nazwa i adres szkoły:*..................................................................................................................................................................

** Ukończyłem/ukończyłam\*** kwalifikacyjny kurs zawodowy, który był prowadzony przez podmiot zlikwidowany

*miesiąc i rok ukończenia kwalifikacyjnego kursu zawodowego:*...........................................................................................

*prowadzony przez …*………………………………………………………………………………………………………………….

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| miejscowość, data | | | | | | | | | | *d* | | | | | *d* | | | | *m* | | | | *m* | | | | | *r* | | | | | *r* | | | | *r* | | | | | | *r* | | | | |
| **Dane osobowe absolwenta/ osoby, która ukończyła KKZ** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
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| Imię (imiona): | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | |  | | |  | |  | | |  | |  | |
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| Data urodzenia: | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | |  | | |  | |  | | |  | |  | |
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| Numer PESEL: | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | |  | | |  | |  | | |  | |  | |
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| *w przypadku braku numeru PESEL – seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| miejscowość: | | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | |  | |  | |
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| kod pocztowy i poczta: | | | | | | | |  | | | | |  | | | | | *–* | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | |  | |  | | |  | |  | |
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| nr telefonu: | | | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | |  | |  | | |  | |  | |
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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

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

**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\*:

Świadectwo ukończenia szkoły

Zaświadczenie o ukończeniu KKZ

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

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

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