**Załącznik 3a**

**absolwent zlikwidowanej szkoły /OSOBA POSIADAJĄCA ŚWIADECTWO UZYSKANE ZA GRANICĄ Deklaracja przystąpienia do egzaminu**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |
| miejscowość, data | | | | | | | | *d* | | | | *d* | | | | | *m* | | | | | *m* | | | | *r* | | | | | *r* | | | | | *r* | | | | | *r* | | | |
| **Dane osobowe** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Nazwisko: | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
| Imię (imiona): | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
| Data i miejsce urodzenia: | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | | *d* | | | | *d* | | | | | *m* | | | | | *m* | | | | | *r* | | | | *r* | | | | | *r* | | | | | *r* | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
| Numer PESEL: | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  |  |  |  |  |  |  | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | |  | | | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | |  | | | | | | |  | | | |  | |  | | |  | | |
| *w przypadku braku numeru PESEL – seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| **Adres korespondencyjny** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| miejscowość: | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | |  | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | | | | | |  | | |  | | |
| ulica i numer domu: | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
| kod pocztowy i poczta: | | | | | | | | |  | | | |  | | | | | ***-*** | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
| **nr telefonu z kierunkowym**: | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | **mail**: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

🗌 **Jestem absolwentem\*** szkoły, 🗌która została zlikwidowana/przekształcona / 🗌w której zlikwidowano kształcenie w zawodzie

*miesiąc i rok ukończenia szkoły:* .......................................................

.................................................................................................................................................................................

*nazwa i adres szkoły*

🗌 **Posiadam świadectwo/inny dokument wydane za granicą\*** potwierdzające wykształcenie średnie/wykształcenie zasadnicze zawodowe/uznane za równorzędne świadectwu szkoły ponadgimnazjalnej/ponadpodstawowej w drodze nostryfikacji

**Deklaruję przystąpienie do egzaminu potwierdzającego kwalifikacje w zawodzie   
przeprowadzanego w terminie .…………………………………….**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | . |  | |  | |  | | |  |
| *oznaczenie kwalifikacji zgodne z podstawą programową* | | | | | | | | | | |  | | |
| *nazwa kwalifikacji* | | |
|  | | | | | | | | | | | | | |
|  |  | |  | |  |  | |  | |  |  | | |
| *symbol cyfrowy zawodu* | | | | | | | | | | | *nazwa zawodu* | | |

🗌**po raz pierwszy\* /** 🗌**po raz kolejny\*do części** 🗌**pisemnej\*,** 🗌**praktycznej\***

**Dostosowania**

🗌**TAK\* /** 🗌**NIE\***

Wyrażam zgodę na przetwarzanie moich danych osobowych do celów związanych z egzaminem potwierdzającym kwalifikacje   
w zawodzie.

Do deklaracji dołączam:

🗌 Świadectwo ukończenia szkoły\*

🗌 Dokument wydany za granicą potwierdzający wykształcenie średnie/wykształcenie zasadnicze zawodowe\*

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

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

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