**Анкета**

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| 1. Фамилия

Имя Отчество |

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| 1. Дата и место рождения
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| 1. Гражданство
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| 1. Пол
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| 1. СНИЛС
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| 1. Медицинский полис
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 |
| 1. Паспорт

 серия и номер дата выдача кем выдан |

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| 1. Адрес регистрации по месту жительства
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| 1. Адрес фактического места жительства
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| 1. Контактный телефоны
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| 1. Информация о здоровье: физкультурная группа, инвалидность (ограниченные возможности здоровья)
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| 1. Состав семьи: родители или лица их замещающие
 | **МАТЬ** (ФИО)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Место работы \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Должность \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Контактные телефоны

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**ОТЕЦ** (ФИО)\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Место работы \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Должность \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Контактные телефоны

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| 1. Средний балл по всем общеобразовательным дисциплинам
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| 1. № серитификата ПФДО
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