**Załącznik 3**

**UCZEŃ ~~/ SŁUCHACZ~~ ~~/ ABSOLWENT~~**

**Deklaracja przystąpienia do egzaminu**

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|  | ***3*** | ***1*** | ***0*** | ***1*** | ***2*** | ***0*** | ***1*** | ***9*** |
| miejscowość, data | *d* | *d* | *m* | *m* | *r* | *r* | *r* | *r* |

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| **Dane osobowe ucznia/~~słuchacza/absolwenta~~***(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Nazwisko: | | | | | | ***K*** | | | | ***O*** | | | ***W*** | | | | ***A*** | | | | ***L*** | | | ***S*** | | | | ***K*** | | | | ***I*** | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Imię (imiona): | | | | | | ***J*** | | | | ***A*** | | | ***N*** | | | |  | | | | ***T*** | | | ***O*** | | | | ***M*** | | | | ***A*** | | | ***S*** | | | | ***Z*** | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Data i miejsce urodzenia: | | | | | | ***2*** | | | | ***0*** | | | ***1*** | | | | ***0*** | | | | ***1*** | | | ***9*** | | | | ***9*** | | | | ***9*** | | |  | | | | ***J*** | | | | ***Ę*** | | | | ***D*** | | | ***R*** | | | | ***Z*** | | | | ***E*** | | | | ***J*** | | | ***Ó*** | | | | ***W*** | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | *d* | | | | *d* | | | *m* | | | | *m* | | | | *r* | | | *r* | | | | *r* | | | | *r* | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Numer PESEL: | | | | | | ***9*** | | | | ***9*** | | | ***1*** | | | | ***0*** | | | | ***2*** | | | ***0*** | | | | ***1*** | | | | ***9*** | | | ***0*** | | | | ***1*** | | | | ***2*** | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| *w przypadku braku numeru PESEL - seria i numer paszportu lub innego dokumentu potwierdzającego tożsamość* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| **Adres korespondencyjny***(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| miejscowość: | | | | | | | ***J*** | | | | ***Ę*** | | | ***D*** | | | | ***R*** | | | | ***Z*** | | | ***E*** | | | | ***J*** | | | | ***Ó*** | | | | ***W*** | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
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| ulica i numer domu: | | | | | | | ***S*** | | | | ***Ł*** | | | ***O*** | | | | ***N*** | | | | ***E*** | | | ***C*** | | | | ***Z*** | | | | ***N*** | | | | ***A*** | | |  | | | | ***2*** | | | | ***2*** | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
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| kod pocztowy i poczta: | | | | | | | ***2*** | | | | ***8*** | | | ***-*** | | | | ***3*** | | | | ***0*** | | | ***0*** | | | |  | | | | ***J*** | | | | ***Ę*** | | | ***D*** | | | | ***R*** | | | | ***Z*** | | | ***E*** | | | | ***J*** | | | | ***Ó*** | | | | ***W*** | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
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| **nr telefonu z kierunkowym**: | | | | | | | ***6*** | | | | ***6*** | | | ***8*** | | | | ***8*** | | | | ***7*** | | | ***7*** | | | | ***9*** | | | | ***9*** | | | | ***0*** | | | **mail**: | | | | | | | | ***kowalski\_jan@o2.pl*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

**przeprowadzanego w terminie** czerwiec – lipiec 2019 r.

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|  |  | E | | . | 1 | | 3 | | |  | |  | | Projektowanie lokalnych sieci komputerowych i administrowanie sieciami. |
| *oznaczenie kwalifikacji zgodne  z podstawą programową* | | | | | | | | | | | | | |  |
| *nazwa kwalifikacji* |
|  |  |  | | | | | | | | | | | | |
|  | *3* | *5* | *1* | | | *2* | | *0* | *3* | |  | |  | technik informatyk |
|  | *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.

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| \**właściwe zaznaczyć* | ........................................................  *czytelny podpis* |

Do deklaracji dołączam:

🗌 Świadectwo ukończenia szkoły\*

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

🗌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* |

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| 🛈 | Obowiązek informacyjny wynikający z art. 13 i 14 Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE, w zakresie przeprowadzania egzaminu potwierdzającego kwalifikacje zawodowe, zgodnie z przepisami ustawy o systemie oświaty oraz aktami wykonawczymi wydanymi na jej podstawie, został spełniony poprzez zamieszczenie klauzuli informacyjnej na stronie internetowej właściwej okręgowej komisji egzaminacyjnej. |