Директору АНО ДО «Зыряночка»

Танкович Екатерине Александровне

От родителя/законного представителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Фамилия Имя Отчество

Данные документа удостоверяющего личность (паспорт) серия \_\_\_\_\_\_ № \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Выданный «\_\_»\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_г., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Наименование органа выдавшего документ

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индекс адрес проживания

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| Номер телефона | +7 | |  | |  | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  |
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| E-mail: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ФИО второго родителя/законного представителя | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Номер телефона второго родителя/законного представителя: | +7 |  | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | |
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| E-mail второго родителя/законного представителя: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Домашний номер телефона: | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |

**Заявление**

Прошу отчислить моего ребенка/подопечного сына/дочь

нужное подчеркнуть

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| Фамилия |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Имя |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Отчество |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Дата рождения |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | г. |

Свидетельство о рождении ребенка/паспортные данные\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(указать серию, №, дату выдачи и орган выдавший документ)

по программе дополнительного общеразвивающего образования «Ступени хореографии»

в связи с \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Прошу вернуть часть неизрасходованной оплаты за обучение

в сумме:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

По следующим реквизитам на лицевой счет\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

фамилия Имя Отчество

Наименование банка \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

БИК\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Корр. счет \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Номер лицевого счета в банке \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ваш ИНН \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Дата подпись фамилия И.О.