**Załącznik 3**

**UCZEŃ / SŁUCHACZ / ABSOLWENT**

**Deklaracja przystąpienia do egzaminu**

|  |  |  |  |  |  |  |  |  |
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| Człuchów |  |  |  |  |  |  |  |  |
| miejscowość, data | *d* | *d* | *m* | *m* | *r* | *r* | *r* | *r* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Dane osobowe ucznia/słuchacza/absolwenta** *(wypełnić drukowanymi literami)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Nazwisko: | | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Imię (imiona): | | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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| Data i miejsce urodzenia: | | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | *d* | | | | *d* | | | *m* | | | | *m* | | | | *r* | | | *r* | | | | *r* | | | | *r* | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | | |
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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 z kierunkowym**: | | | | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | **mail**: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

**przeprowadzanego w terminie sesji letniej czerwiec-lipiec 2017**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **R** | | . | **0** | | **6** | | **Organizacja i prowadzenie przedsiębiorstwa w agrobiznesie** | | | |
| *nazwa kwalifikacji* | | | | | | | | | | |
|  |  |
|  | **3** | **3** | **1** | | | **4** | | **0** | **2** | **TECHNIK AGROBIZNESU** | | | |
|  | *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.

|  |  |
| --- | --- |
| \**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* |