ІК 05-14

Боратинському сільському голові

Яручику С.О.

Від кого (відомості про фізичну особу)

Прізвище

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Ім’я

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По батькові

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Соціальний стан (пільги, група інвалідності)

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Місце роботи, посада

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АДРЕСА :

Поштовий індекс

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Село (місто)

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Вулиця

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Номер будинку Номер квартири

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Номер телефону

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Електронна пошта (за наявності)

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ЗАЯВА  
про зарахування до

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(найменування закладу)

Прошу видати направлення для зарахування на цілодобове перебування мого сина (дочки)

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який (яка) фактично проживає за адресою: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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у зв’язку із \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(пояснити причину влаштування дитини на цілодобове перебування)

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строком з \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ по \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Підтверджую достовірність всієї інформації, зазначеної в цій заяві та у доданих до заяви документах.

*Я ознайомлений(а) із нормами Закону України «Про захист персональних даних» та добровільно даю дозвіл на обробку своїх персональних даних.*

«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ року \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(підпис)