Директору КПНЗ “МАНУМ”ДОР”

Тягло Н.В.

учня (учениці) \_\_\_\_\_\_\_\_ класу

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(повна назва навчального закладу)

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(по-батькові)

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Заява

Прошу зарахувати мене до числа слухачів КПНЗ “Мала академія наук учнівської молоді” Дніпропетровської обласної ради”,  
відділення \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, секції\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Прізвище та ініціали) (Підпис)

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