**Załącznik 3a: Deklaracja dla ucznia, słuchacza lub absolwenta szkoły**

*Uwaga: deklaracja dotyczy egzaminu w jednej kwalifikacji, osoba przystępująca do egzaminu w więcej niż jednej kwalifikacji wypełnia deklarację dla każdej kwalifikacji osobno*

**jestem** **uczniem** **słuchaczem** **absolwentem**

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| Krosno |  |  |  |  |  |  |  |  |
| 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 urodzenia: | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | |  | | |  | |  | | |  | |  | |
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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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| ulica i numer domu: | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | |  | |  | | |  | |  | |
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| kod pocztowy i poczta: | | | | | | | |  | | | |  | | | | *–* | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | |  | |  | | |  | |  | |
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| **nr telefonu**: | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | |  | |  | | |  | |  | |
| **adres poczty elektronicznej** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Deklaruję przystąpienie do egzaminu zawodowego w terminie głównym**\*

**w sesji Zima (deklarację składa się do 15 września 2024 r.)**

**w sesji Lato (deklarację składa się do 7 lutego 2025 r.** lub w przypadku ponownego przystępowania po egzaminie w sesji Zima – w czasie 7 dni od ogłoszenia wyników egzaminu)

**w kwalifikacji**

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| *symbol kwalifikacji zgodny z podstawą programową szkolnictwa branżowego* | | | | | | | | | | | | | |  |
| *nazwa kwalifikacji* |
| **wyodrębnionej w zawodzie** | | | | | | | | | | | | | | |
|  | | *3* | | *1* | | *1* | | | *1* | | *0* | | *6* | Technik geolog |
|  | *symbol cyfrowy zawodu* | | | | | | | | | | | | | *nazwa zawodu* |

**Do egzaminu będę przystępować**\*

**po raz pierwszy** **po raz kolejny w części pisemnej** **po raz kolejny w części praktycznej**

Ubiegam się o dostosowanie warunków egzaminu\* ** TAK /  NIE**

Do deklaracji dołączam\*:

Orzeczenie/opinię publicznej poradni psychologiczno-pedagogicznej (w przypadku występowania dysfunkcji)

Zaświadczenie o stanie zdrowia wydane przez lekarza\* (w przypadku choroby lub niesprawności czasowej)

 Świadectwo ukończenia szkoły

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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 zawodowego, 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. | |
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