Приложение 6

к приказу отдела образования

от \_\_\_\_.09.2024 № \_\_\_\_

**АПЕЛЛЯЦИЯ**

**о несогласии с выставленными баллами**

Сведения об участнике школьного этапа всероссийской олимпиады школьников

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| **Фамилия** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Имя** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Отчество** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Класс** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Предмет** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Дата проведения олимпиады** |  | **.** |  | **.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Прошу пересмотреть выставленные мне результаты проверки олимпиадной работы, так как считаю, что данные мною ответы на задания были оценены неверно.

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| Дата |  | **.** |  | **.** |  |  |  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/** |  |  |  |  |  |  |  |