Начальнику отдела образования

                                           администрации Арзгирского

                                    муниципального района

                                                                               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                                                                       (фамилия, имя, отчество)

                                                                             заявителя

                                                                          Фамилия\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           Имя       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           Отчество\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           Место регистрации:

                                                                                 село \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           улица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           дом \_\_\_\_\_\_\_\_\_кв.\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           телефон\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                          Паспорт серия \_\_\_\_\_№\_\_\_\_\_\_\_\_\_

                                                                          выдан\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**заявление.**

               Прошу Вас рассмотреть   возможность  предоставления  места в муниципальном казенном дошкольном   образовательном учреждении детском саду №\_3\_\_, находящемся по адресу: а.\_Башанта\_\_\_ул.Оджаева, 10\_, моему  ребенку \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

                                                                           (фамилия, имя, отчество )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

               (число, месяц, год рождения)

проживающей(ему) по адресу: с.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ул.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_г.                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

**(**подпись)           (расшифровка подписи)