Директору МОУ СОШ №37

С.А.Тамбовской

                                                      Родителей\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                           (фамилия, и., о.)

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                                      Проживающих по адресу:

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                    Телефон\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ЗАЯВЛЕНИЕ

Прошу Вас предоставить моему ребенку\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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платные дополнительные образовательные услуги по программе

«Школа будущего первоклассника» в количестве \_\_\_\_\_\_\_\_\_\_\_\_\_\_ раз(а) в неделю.

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(дата)                                                                                                               (подпись)

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                    Телефон\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(дата)                                                                                                               (подпись)