*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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| **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)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
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| kod pocztowy i poczta: | | | | | | | |  | | | | |  | | | | ***-*** | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
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| **nr telefonu**: | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |  | |
| **Adres poczty elektronicznej** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| miejscowość, data | *d* | *d* | *m* | *m* | *r* | *r* | *r* | *r* |

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

\*🗌 w sesji Zima (deklarację składa się do 15 września 20… r.)

* **w sesji Lato (*deklarację składa się do 7 lutego 2022 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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| **H** | **G** | | **T** | | **.** | | **0** | **2** | |  | |  | | *Przygotowywanie i wydawanie dań* |
| *symbol kwalifikacji zgodny  z podstawą programową szkolnictwa branżowego* | | | | | | | | | | | | | |  |
| *nazwa kwalifikacji* |
| **wyodrębnionej w zawodzie** | | | | | | | | | | | | | | |
|  | | ***3*** | | ***4*** | | ***3*** | | | ***4*** | | ***0*** | | ***4*** | **Technik żywienia i usług gastronomicznych** |
|  | *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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|  | ........................................................  *czytelny podpis* |
| \**właściwe zaznaczyć* |  |
| 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. |