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 ime i prezime podnositelja zahtjeva

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 telefon/mobitel

 **OSNOVNA ŠKOLA JULIJA KLOVIĆA**

 **ZAGREB, NOVA CESTA 133**

**PREDMET: ZAHTJEV ZA ISPIS IZ IZBORNOGA PREDMETA**

Poštovani,

molim Vas da mom djetetu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (ime i prezime)

učeniku/ci \_\_\_\_\_\_\_ razreda, rođenom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (datum) (mjesto rođenja)

odobrite u školskoj godini 20\_\_\_\_./20\_\_\_\_. ispis iz izbornog predmeta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (naziv izbornog predmeta)

zbog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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U Zagrebu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 RODITELJ:

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 (vlastoručni potpis)