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IME I PREZIME PODNOSITELJA ZAHTJEVA

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

ADRESA STANOVANJA

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

TELEFON/MOBITEL

 **UČITELJSKOM VIJEĆU**

 **OŠ „VLADIMIR NAZOR“ TRENKOVO**

**MLINSKA 3, TRENKOVO**

**34330 VELIKA**

**PREDMET: ZAHTJEV ZA ISPIS S IZBORNOG PREDMETA**

Molim naslov da mom djetetu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (ime i prezime djeteta)

učeniku/ci \_\_\_\_\_ razreda, odobri ispis s izbornog predmeta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

zbog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 ( navesti razlog ispisa)

U Trenkovu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (vlastoručni potpis, roditelja/staratelja)