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IME I PREZIME PODNOSITELJA ZAHTJEVA

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ADRESA STANOVANJA

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

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(vlastoručni potpis, roditelja/staratelja)