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ime i prezime roditelja/skrbnika

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adresa stanovanja

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telefon/mobitel

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e - adresa

**OŠ DUBRAVA**

**Ulica svete Margarete 15, Dubrava**

**n.r. ravnateljice Marijane Kozumplik Kemenović**

**PREDMET: Zahtjev za izostanak s nastave – do 7 (uzastopnih) radnih dana**

Molim Vas da mom djetetu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

*(ime i prezime)*

učeniku/ci \_\_\_\_\_\_\_\_\_razreda, rođenom/oj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(datum) (mjesto rođenja)*

odobrite izostanak s nastave u razdoblju od \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(*upisati datume*)

iz razloga \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(*navesti razlog izostanka*)

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| U Dubravi, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (vlastoručni potpis roditelja/skrbnika) |