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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) |