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ime i prezime roditelja/skrbnika

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telefon/mobitel

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E- pošta

OSNOVNA ŠKOLA FRANA GALOVIĆA

ŠKOLSKI PRILAZ 7, ZAGREB

PREDMET: ISPRIČNICA

Molim da učeniku/učenici\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ime i prezime),

učeniku \_\_\_\_\_\_\_\_\_razreda, razrednik/razrednica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

opravdate izostanak s nastave u vremenu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(upisati razdoblje do najviše tri dana)

zbog

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(navesti razlog isprike)

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

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

vlastoručni potpis