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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

n/p. ravnateljice Škole

PREDMET: ZAHTJEV ZA IZOSTANAK S NASTAVE – do 7 DANA

Molim naslov da mom djetetu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ime i prezime),

učeniku \_\_\_\_\_\_\_\_\_razreda, rođenom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(datum) (mjesto rođenja)

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

 (upisati datume)

zbog

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(navesti razlog izostanka)

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

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

vlastoručni potpis