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(ime i prezime roditelja)

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(adresa)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(kontakt)

**OSNOVNA ŠKOLA VLADIMIRA NAZORA**

**FERIČANCI**

**Učiteljsko vijeće**

**PREDMET: Zahtjev za ispis iz izborne nastave**

Zahtjev Učiteljskom vijeću za prestanak pohađanja izborne nastave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ učenika \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ime i prezime) koji/a pohađa \_\_\_\_\_ razred Osnovne škole Vladimira Nazora, Feričanci radi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mjesto i vrijeme

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Potpis podnositelja zahtjeva

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