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Ime i prezime podnositelja zahtjeva

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Adresa stanovanja

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

Telefon/mobitel

OSNOVNA ŠKOLA ŽITNJAK

I.Petruševec 1

10000 Zagreb

**PREDMET: ZAHTJEV ZA IZOSTANAK S NASTAVE - DO 7 DANA**

Molim naslov da učeniku/ci \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime i prezime)

\_\_\_\_\_\_\_ razreda, rođenom/j \_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OIB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(datum) (mjesto rođenja)

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

(upisati datume)

zbog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(navesti razlog izostanka)

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

Podnositelj zahtjeva:

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

(vlastoručni potpis)