REPUBLIKA HRVATSKA

LIČKO-SENJSKA ŽUPANIJA

OSNOVNA ŠKOLA „ŠIME STARČEVIĆ“ KARLOBAG

Vladimira Nazora 11,

53288 Karlobag

Tel: 053/694-019,

Fax: 694-910

E-pošta: tajnistvo@os-karlobag.skole.hr

**PREDMET: ZAHTJEV ZA IZOSTANAK S NASTAVE DO 15 DANA**

………………………………………………………………

(ime i prezime podnositelja zahtjeva)

………………………………………………………………

(adresa stanovanja)

……………………………………………………………..

(telefon / mobitel)

Molim navedeni naslov da mom djetetu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

učeniku \_\_\_\_\_\_\_\_\_\_\_\_\_ razreda odobri izostanak s nastave u razdoblju

od \_\_\_\_\_\_\_\_\_\_\_\_\_do \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ zbog:

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

U Karlobagu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(datum) (potpis)