REPUBLIKA HRVATSKA

LIČKO-SENJSKA ŽUPANIJA

OSNOVNA ŠKOLA „ŠIME STARČEVIĆ“ KARLOBAG

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**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:

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

 (datum) (potpis)