REPUBLIKA HRVATSKA

LIČKO-SENJSKA ŽUPANIJA

OSNOVNA ŠKOLA „ŠIME STARČEVIĆ“ KARLOBAG

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

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(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)