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*(ime i prezime roditelja/skrbnika)*

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*(adresa stanovanja)*

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*(telefon/mobitel)*

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*(e-mail adresa)*

**UČITELJSKO VIJEĆE**

**OŠ OCA PETRA PERICE, MAKARSKA**

**Slavonska ul. 41, 21300 Makarska**

**PREDMET: Zahtjev za izostanak s nastave – do 15 (uzastopnih) radnih dana**

Molim Vas da mom djetetu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

*(ime i prezime)*

Učeniku/ci \_\_\_\_\_\_\_\_\_razreda, rođenom/oj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(datum) (mjesto rođenja)*

odobrite izostanak s nastave u razdoblju od \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(*upisati datume*)

iz razloga \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(*navesti razlog izostanka*)

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| U Makarskoj, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(vlastoručni potpis roditelja)* |