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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)* |