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 *ime i prezime roditelja /skrbnika*

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 *adresa stanovanja*

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 *telefon/mobitel*

 **UČITELJSKO VIJEĆE**

 **OŠ OCA PETRA PERICE, MAKARSKA**

 **Slavonska ul. 41, 21300 Makarska**

**PREDMET: ZAHTJEV ZA UPIS NA IZBORNU NASTAVU**

Poštovani,

molim Vas da mom djetetu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(ime i prezime)*

učeniku/ci \_\_\_\_\_\_\_ razreda, rođenom/oj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(datum) (mjesto rođenja)*

odobrite upis na izbornu nastavu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(naziv izbornog predmeta)*

zbog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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U Makarskoj, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 RODITELJ:

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

 *(vlastoručni potpis)*

Prema članku 27. stavku 5. Zakona o odgoju i obrazovanju u osnovnoj i srednjoj školi (NN 68/18), učenik bira izborni predmet pri upisu u 1. razred ili najkasnije do 30. lipnja tekuće godine za iduću školsku godinu. Za uključivanje učenika u izbornu nastavu potrebna je pisana suglasnost odnosno zahtjev roditelja.