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(Ime i prezime podnositelja zahtjeva)

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

(Adresa stanovanja)

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

(Telefon/mobitel)

**OSNOVNA ŠKOLA DON MIHOVILA PAVLINOVIĆA**

**Alojzija Stepinca 6**

**Metković**

**PREDMET: ZAHTJEV ZA ISPIS S IZBORNOG PREDMETA**

Molim Vas da mom djetetu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ učeniku \_\_\_\_\_razreda, rođenom \_\_\_\_\_\_\_\_\_\_\_\_

u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ odobri ispis s izbornog predmeta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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U Metkoviću

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Vlastoručni potpis

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