**PREDMET: ZAHTJEV ZA IZOSTANAK S NASTAVE – do 15 DANA**

----------------------------------------------------------------

 ime i prezime podnositelja zahtjeva

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 adresa stanovanja

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 telefon/mobitel

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 E- pošta

Molim naslov da mom djetetu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*ime i prezime*),

učeniku \_\_\_\_\_\_\_\_\_razreda, rođenom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(datum) (mjesto rođenja)*

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

 *(upisati datume)*

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

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U Zagrebu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *vlastoručni potpis*