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 ime i prezime podnositelja zahtjeva

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 adresa stanovanja

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 telefon/mobitel

**UČITELJSKO VIJEĆE OSNOVNE ŠKOLE IVANA MAŽURANIĆA**

**Javorinska 5, Zagreb**

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

Molim naslov da mom djetetu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

 *(ime i prezime)*

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

 *(datum) (mjesto rođenja)*

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

 (upisati naziv izbornog predmeta)

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

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

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

 vlastoručni potpis