**OSNOVNA ŠKOLA JELKOVEC, DRAGANA PLAMECNA 1, 10 360 SESVETE**

**TEL: 01 3000 001, FAX: 01 3000 004, EMAIL: skole@os-jelkovec.hr**

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

 (podnijeti najkasnije do 30. lipnja tekuće školske godine za iduću školsku godinu)

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 ime i prezime podnositelja zahtjeva

--------------------------------------------------------------- adresa stanovanja

--------------------------------------------------------------- telefon/mobitel

--------------------------------------------------------------- E- pošta

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

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

*(datum) (mjesto rođenja)* odobri ispis s izbornog predmeta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(upisati naziv izbornog predmeta)*

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

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

 *vlastoručni potpis*

