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Ime i prezime podnositelja zahtjeva

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Adresa stanovanja

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Kontakt telefon

OŠ ĐURE DEŽELIĆA IVANIĆ-GRAD

Park hrvatskih branitelja 4

Ivanić-Grad

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

Molim Učiteljsko vijeće da mom djetetu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

učeniku/ci \_\_\_\_\_\_\_\_\_\_\_\_\_ razreda odobrite ispis s izbornog premeta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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