\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Ime i prezime podnositelja zahtjeva

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Adresa stanovanja

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

Telefon/mobitel, adresa elektroničke pošte

**Učiteljsko vijeće**

**Osnovne škole Silvija Strahimira Kranjčevića,**

**Bogišićeva 13, Zagreb**

**PREDMET: ZAHTJEV RADI POLAGANJA ISPITA PRED POVJERENSTVOM**

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

  *(ime i prezime)*

upisanom u razred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(upisati razred),* školska godina 20\_\_\_\_\_./20.\_\_\_\_\_.

omogući polaganje ispita pred povjerenstvom nakon završetka nastavne godine iz predmeta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(navesti predmet)*

OBRAZLOŽENJE

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Zagreb, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (datum podnošenja zahtjeva)

PODNOSITELJ

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

(Navesti tiskanim slovima ime i prezime podnositelja)

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Potpis podnositelja (roditelj/skrbnik)

Dostaviti:

1. Tajništvo Škole
2. Razrednik