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 /ime i prezime roditelja/

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 /tel/mob/

 OŠ LUDINA

 OBRTNIČKA 12

44316 VELIKA LUDINA

# ZAHTJEV ZA ISPIS UČENIKA/CE IZ ŠKOLE

 Molim Vas da moje dijete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 /*ime i prezime*/

učenika/cu \_\_\_\_\_\_\_\_\_ razreda, rođenog/u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 /*(datum i mjesto rođenja/*

ispišete iz Vaše škole iz razloga \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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s danom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Velika Ludina, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ vlastoručni potpis roditelja