*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(ime i prezime podnositelja zahtjeva)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(adresa stanovanja)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(telefon)*

Osnovna škola Tina Ujevića

Trg Andrije Hebranga

22000 Šibenik

PREDMET: Zahtjev za upis izbornog predmeta

Zamolili bismo naslov da mom djetetu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*ime i prezime učenika*), učeniku \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ razreda, OIB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, odobri upis u izborni predmet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*navesti izborni predmet*).

U Šibeniku, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

Roditelj/skrbnik

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

(*potpis*)