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

*(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*)