OŠ Mljet

Babino Polje

**PISANI ZAHTJEV ZA PRESTANKOM POHAĐANJA IZBORNE NASTAVE IZ:**

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

Svojim potpisom, potvrđujem, da sam suglasan/a da moje dijete u školskoj godini 2020./2021.

 prestane pohađati izbornu nastavu iz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

 (ime) (prezime) (razred)

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Potpis roditelja/skrbnika