OŠ Mljet

Babino Polje

**SUGLASNOST RODITELJA**

Svojim potpisom, potvrđujem, da sam suglasan/a da moje dijete

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 (ime) (prezime) (razred)

u školskoj godini 2020./2021. pohađa nastavu izbornog predmeta **Informatika**.

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

 Potpis roditelja/skrbnika