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ime i prezime roditelja /skrbnika

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telefon/mobitel

**Učiteljsko vijeće**

**OŠ PODTUREN**

**Čakovečka 5, 40317 Podturen**

**PREDMET: ZAHTJEV ZA UPIS NA IZBORNU NASTAVU**

Poštovani,

molim Vas da mom djetetu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime i prezime)

učeniku/ci \_\_\_\_\_\_\_ razreda, rođenom/oj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(datum) (mjesto rođenja)

odobrite upis na izbornu nastavu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(naziv izbornog predmeta)

zbog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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U Podturnu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

RODITELJ:

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

(vlastoručni potpis)

Prema članku 27. stavku 5. Zakona o odgoju i obrazovanju u osnovnoj i srednjoj školi (NN 68/18), učenik bira izborni predmet pri upisu u 1. razred ili najkasnije do 20. lipnja tekuće godine za iduću školsku godinu. Za uključivanje učenika u izbornu nastavu potrebna je pisana suglasnost odnosno zahtjev roditelja.