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ime i prezime podnositelja zahtjeva

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adresa stanovanja

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telefon/mobitel

**UČITELJSKO VIJEĆE**

**OSNOVNE ŠKOLE ODRA**

**Đačka 5, Zagreb**

**PREDMET: ZAHTJEV ZA PRIZNAVANJE POSEBNOG STATUSA POLAZNICIMA GLAZBENIH/UMJETNIČKIH ŠKOLA**

Molim naslov da mom djetetu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

*(ime i prezime)*

učeniku \_\_\_\_\_\_\_\_\_razreda, rođenom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(datum) (mjesto rođenja)*

prizna poseban status te omogući odgovaranje prema dogovoru.

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U Zagrebu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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

vlastoručni potpis