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*(ime i prezime roditelja/skrbnika)*

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

*(adresa)*

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

*(telefon/mobitel)*

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

*(e-mail adresa roditelja/skrbnika)*

**OSNOVNA ŠKOLA RUŽIČNJAK**

Donje Svetice 127, Zagreb

- tajništvo

**PREDMET**: **ZAHTJEV ZA IZDAVANJE POTVRDE O ŠKOLOVANJU**

Molim da\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*ime i prezime učenice; OIB*), učenici \_\_\_\_\_\_\_ razreda, izdate **potvrdu o školovanju** u svrhu:

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

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*(navesti svrhu izdavanja potvrde)*

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

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

*(potpis podnositelja)*