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*(ime, prezime i adresa podnositelja zahtjeva)*

***OSNOVNA ŠKOLA***

***„DR. STJEPAN ILIJAŠEVIĆ“ ORIOVAC***

***UČITELJSKO VIJEĆE***

**PREDMET: *Zahtjev za prestankom pohađanja izbornog predmeta***

U skladu sa člankom 27. stavak 6. Zakona o odgoju i obrazovanju (NN 87/08, 86/09, 92/10, 105/10, 90/11, 5/12, 16/12, 86/12, 126/12, 94/13, 152/14, 07/17, 68/18, 98/19, 64/20) želim da moje dijete

* *(ime i prezime učenika/ce)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *(OIB učenika/ce) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *(razredni odjel)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

prestane pohađati nastavu izbornog predmeta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(izborni predmet)*

*RAZLOG ISPISA UČENIKA S IZBORNOG PREDMETA:*

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U Oriovcu\_\_\_\_\_\_\_\_\_\_\_\_\_2020. godine.

Potpis roditelja/skrbnika

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