I Z J A V A / Z A H T J E V

JA RODITELJ/STARATELJ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 UČENIKA\_\_\_\_\_\_\_\_\_\_\_\_\_ ŽELIM DA MOJE DIJETE POHAĐA ONLINE NASTAVU

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KONTAKT RODITELJA:

TEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADRESA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IME I PREZIME RODITELJA/STRATELJA I POTPIS:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREGLEDAO I ODOBRIO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_