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Ime, prezime i adresa podnositelja zahtjeva

OSNOVNA ŠKOLA BUDAŠEVO-TOPOLOVAC-GUŠĆE

TRG MARIJANA ŠOKČEVIĆA 1, 44 202 TOPOLOVAC

OIB 54314584088

**ZAHTJEV ZA IZDAVANJE POTVRDE**

Molim Školu da mi izda potvrdu o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

za učenika\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, razreda\_\_\_\_\_\_\_\_\_\_\_\_\_\_

u svrhu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Potpis

U Budaševu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.