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Ime i prezime roditelja/skrbnika

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 Prebivalište, mjesto, ulica i kućni broj

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 Telefon/mobitel

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email adresa roditelja/skrbnika

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Mjesto i datum podnošenja zahtjeva

 I. **OSNOVNA ŠKOLA DUGAVE**

 **ZAGREB, ŠKOLSKI PRILAZ 7**

 **(n/p soc.pedagoginji/pedagoginji)**

**e-mail: ured@os-prva-dugave-zg.skole.hr**

**PREDMET: ZAHTJEV ZA IZDAVANJE MIŠLJENJA STRUČNOG TIMA ŠKOLE**

Molim naslov da izda Mišljenje stručnog tima škole za dijete

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 (ime i prezime)

učeniku/ci \_\_\_\_\_\_\_ razreda, u svrhu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 RODITELJ/SKRBNIK:

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 (vlastoručni potpis)