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(ime i prezime roditelja/skrbnika)

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( adresa)

UČITELJSKO VIJEĆE

OSNOVNE ŠKOLE GAREŠNICA

ZAHTJEV

RADI POLAGANJA ISPITA PRED POVJERENSTVOM

Ja, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_roditelj/skrbnik \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_učenika/ce \_\_\_\_\_\_\_\_\_\_\_ razrednog odjela u školskoj godini 2024./2025. nisam zadovoljan/na zaključenom ocjenom iz

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i podnosim zahtjev Učiteljskom vijeću radi polaganja ispita pred povjerenstvom .

O B R A Z L O Ž E N J E

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U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_2025.

Potpis roditelja/skrbnika

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

Napomena: Popunjeni zahtjev dostaviti razredniku/ci u roku od dva dana od završetka nastavne godine.