OSNOVNA ŠKOLA NOVI MAROF

ZAGORSKA 23, NOVI MAROF

**Z A H T J E V**

**Za oslobođenje od plaćanja školske kuhinje u šk. god. 2019./2020.**

**(popunjava roditelj korisnik dječjeg doplatka)**

Ja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, iz

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, roditelj/skrbnik učenika

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ koji

će polaziti \_\_\_\_\_\_\_\_ razred Osnovne škole Novi Marof, molim da se moje dijete **oslobodi od**

**plaćanja školske kuhinje u školskoj godini 2019./2020.**

U Novom Marofu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_2019. godine.

 Potpis:

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