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*(ime i prezime roditelja/posvojitelja/skrbnika)*

*ZAOKRUŽITI ODGOVARAJUĆE*

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*(adresa)*

Breznički Hum, 03.09.2018.

**PREDMET: Zamolba za oslobođenje učenika od plaćanja školske kuhinje**

 **na temelju projekta Osiguravanje šk. prehrane za djecu u riziku od**

 **siromaštva u školskoj godini 2018./19.**

Temeljem Odluke o utvrđivanju kriterija za određivanje ciljne skupine za prijavu na otvoreni poziv na dostavu projektnog prijedloga „Osiguravanje školske prehrane za djecu u riziku od siromaštva“ (školska godina 2018.-2019.), molim da se za moje dijete

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, učenika-cu \_\_\_\_\_\_ razreda Osnovne škole Breznički Hum,

 *(ime i prezime djeteta) (razred)*

odobri oslobođenje od plaćanja školske kuhinje u školskoj godini 2018./19.

Obrazloženje zamolbe: *(navođenje razloga)*

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 Potpis roditelja/posvojitelja/skrbnika

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Privitak:

- preslika rješenja o priznavanju prava na doplatak za djecu