ŠUMARSKA I DRVODJELJSKA

ŠKOLA KARLOVAC

Vatrogasna cesta 5, Karlovac

KLASA:

URBROJ:

Karlovac,

**ZAHTJEV ZA NASTAVAK OBRAZOVANJA**

|  |  |
| --- | --- |
| Ime i prezime učenika |  |
| Adresa stanovanja |  |
| Broj telefona/mobitela |  |
| Program koji je prethodno završen |  |
| Trajanje prethodnog programa |  |
| Datum završetka prethodnog programa |  |

Želim nastaviti obrazovanje za zanimanje: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zahtjevu prilažem:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum predaje zahtjeva: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potpis

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