***SREDNJA ŠKOLA 'BRAĆA RADIĆ'***

***Kaštel Štafilić – Nehaj***

***O D O B R E NJ E***

Ja, dolje potpisani roditelj učenika/ce \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dajem odobrenje da

moje dijete može dana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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U ORGANIZACIJI UČENIČKOG DOMA SŠ „BRAĆA RADIĆ“

  **Roditelj učenika/ce:**

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

Voditeljica doma MP Ravnateljica škole

Marijana Hrga,prof. Marija Kezele,prof.

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