OŠ Mljet

Babino Polje

**SUGLASNOST RODITELJA**

Svojim potpisom, potvrđujem, da sam suglasan/a da moje dijete

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_1.\_\_\_\_\_\_\_\_\_\_\_\_

 (ime) (prezime) (razred)

u školskoj godini 2020./2021. pohađa nastavu izbornog predmeta **Katolički vjeronauk**.

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Potpis roditelja/skrbnika