**SREDNJA ŠKOLA IVANEC**

Eugena Kumičića 7, 42240 Ivanec

**ZAHTJEV ZA NASTAVAK OBRAZOVANJA**

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

Želim nastaviti školovanje za zanimanje: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zahtjevu prilažem:

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

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

Potpis:

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