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*Ime i prezime roditelja / staratelja – podnositelja zamolbe*

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

*Adresa stanovanja*

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

*Poštanski broj i mjesto stanovanja*

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

*Telefon / mobitel*

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

*E-mail adresa*

**TEHNIČKA ŠKOLA ZAGREB**

Palmotićeva 84, Zagreb

*-Nastavničkom vijeću*

**Predmet:** Molba za prelazak / upis u drugi smjer / drugu školu

(Sukladno čl. 23. Zakona o odgoju i obrazovanju u osnovnoj i srednjoj školi (NN br. 87/08., NN br. 86/09, NN br. 92/10., 105/10.-ispr., 90/11., 5/12., 86/12., 126/12.- pročišćeni tekst, 94/13., 152/14, 07/17., 68/18., 98/19., 64/20, 151/22, 156/23)

Molim Naslov da učeniku/ci \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Ime i prezime učenika/ce*

rođenom/oj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ u \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*Datum rođenja Mjesto rođenja*

s mjestom prebivališta na adresi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

odobri upis/prelazak u Tehničku školu Zagreb, u \_\_\_\_\_\_\_ razred, u programu/za zanimanje

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Učenik/ca trenutno pohađa / je završio/la \_\_\_\_\_ razred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Naziv škole i mjesto*

u programu/za zanimanje \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Razlog upisa/prelaska u Tehničku školu Zagreb je \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Ostale napomene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.

*Mjesto i datum*

Vlastoručni potpis roditelja / staratelja:

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

*Obrazac je potrebno čitko i u potpunosti ispuniti i zajedno sa svjedodžbama te drugim relevantnim dokumentima predati u tajništvo škole ili skenirano poslati na mail škole info@tehskozag.tcloud.hr*