DJEČJI VRTIĆ I JASLICE ZLATARSKO ZLATO

Zlatar, Kralja Petra Krešimira 6

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Ime i prezime roditelja/skrbnika

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Adresa

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Broj telefona

**Z A H T J E V**

za izdavanje mišljenja stručnog suradnika **logopeda** – **psihologa** (zaokružiti) za dijete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, datum rođenja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, u svrhu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(mjesto) (datum)

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Potpis roditelja/skrbnika