**PODNOSITELJ ZAHTJEVA:**  

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**(ime i prezime roditelja / skrbnika)**

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**( prebivalište/boravište, broj tel./mob.)**

**DJEČJI VRTIĆ „GRIGOR VITEZ“**

**Perkovčeva 88/I Sambor**

**PREDMET: Zahtjev za izdavanje mišljenja o djetetu**

Molim izdavanje stručnog mišljenja **stručnog suradnika** – **psihologa/edukacijskog rehabilitatora (defektologa)/logopeda**

o djetetu, mldb. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

datum rođenja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

u svrhu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(mjesto)** **(datum)**

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

**(potpis podnositelja zahtjeva)**

\*Izdavanje mišljenja o djetetu može potrajati do deset radnih dana od dana zaprimanja zahtjeva