**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Telefon \_\_\_\_\_\_\_\_\_\_\_\_**

 **OŠ Bartula Kašića Zadar**

**PREDMET: Zahtjev za prijavom učenika OŠ Bartula Kašića Zadar u projekt subvencionirane prehrane**

**Ovim putem prijavljujem u projekt subvencionirane prehrane:**

1. **Ime i prezime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OIB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, razred \_\_\_\_**
2. **Ime i prezime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, razred \_\_\_\_**
3. **Ime i prezime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, razred \_\_\_\_**
4. **Ime i prezime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, razred \_\_\_\_**
5. **Ime i prezime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OIB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, razred \_\_\_\_**

**U Zadru, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(potpis roditelja/skrbnika podnositelja zahtjeva)**

**U privitku:**

* **Kopija Rješenja o dječijem doplatku**