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

 (ime i prezime roditelja podnositelja zahtjeva)

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

 (adresa)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OIB** |  |  |  |  |  |  |  |  |  |  |  |

HR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (IBAN tekućeg računa i naziv banke)

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

 (kontakt telefon)

 **OPĆINA LEKENIK**

 **ZAGREBAČKA 44, 44272 LEKENIK**

**ZAHTJEV ZA SUFINANCIRANJE**

Molim da mi se prizna pravo za sufinanciranje nabave radnih bilježnica, drugog obrazovnog materijala i školskog pribora za učenika/icu:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime i prezime) (razred) (škola)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime i prezime) (razred) (škola)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime i prezime) (razred) (škola)

Zahtjevu prilažem:

1. dokaz o prebivalištu učenika (potvrda o prebivalištu ili kopija važeće osobne iskaznice)

3. račun

4. preslik kartice roditelja (vidljiv IBAN)

5. suglasnost za prikupljanje i obradu osobnih podataka

U Lekeniku, \_\_\_\_\_\_\_\_\_\_\_\_\_\_2019. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (datum) (potpis podnositelja)