**I Z J A V A**

Ja, potpisani polaznik, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_, izjavljujem da želim

 *(ime i prezime)*

pohađati nastavu na daljinu koju organizira SKD ''Prosvjeta'' tokom školske godine 2024./2025.

Datum rođenja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa stanovanja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broj telefona: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (kućni), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobilni)

E-mail adresa koju redovno provjeravate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 *(mjesto i datum)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Potpis polaznika i OIB)*

Potpisanu izjavu potrebno je dostaviti u SKD ''Prosvjeta'', Berislavićeva 10, 10000 Zagreb osobno, putem pošte ili poslati skeniranu izjavu elektronskom poštom na email: skdprosvjeta@skdprosvjeta.com / mirko.markovic@prosvjeta.hr