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| **OŠ BRANIK VVE »RASTJA«**  **Branik 31, 5295 Branik** | | | | | | | | | | | | | | | | | | | | | | |
| Izpisnica sprejeta dne: | | | | | | | | | | | | | | | | | | |  | | | |
| **IZPISNICA** | | | | | | | | | | | | | | | | | | | | | | |
| Podpisan/-a | |  | | | | | | | stanujoč/-a | | |  | | | | | | | | | | |
|  | | (ime in priimek očeta/matere) | | | | | | |  | | | (naslov stalnega prebivališča) | | | | | | | | | | |
| izpisujem svojega otroka | | | |  | | | | | | | | | | rojenega |  | | | . | |  | . |  |
|  | | | | (ime in priimek otroka) | | | | | | | | | |  | (dan | | |  | | mesec |  | leto rojstva) |
| iz Vrtca RASTJA pri OŠ BRANIK, skupine | | | | | | | |  | | | | | | | | | , ki jo vodi vzgojitelj/-ica | | | | | |
|  | | | | | | | | (ime skupine) | | | | | | | | |  | | | | | |
|  | | | | | | z dnem |  | | | | | | . **Upoštevajte 15 dnevni izpisni rok.** | | | | | | | | | |
| (ima in priimek vzgojitelja/-ice skupine) | | | | | |  | (zadnji dan otrokove prisotnosti) | | | | | |  | | | | | | | | | |
| Razlogi za izpis (ustrezno označite): | | | | | | | | | | | | | | | | | | | | | | |
|  | Otrok bo začel obiskovati šolo. | | | | | | | | | | | | | | | | | | | | | |
|  | Prenehanje potrebe po varstvu otroka. | | | | | | | | | | | | | | | | | | | | | |
|  | Zdravstveni razlogi. | | | | | | | | | | | | | | | | | | | | | |
|  | Selitev družine – vpišite novi naslov: | | | | | | | | | |  | | | | | | | | | | | |
|  | Previsoka oskrbnina | | | | | | | | | | | | | | | | | | | | | |
|  | Ostali razlogi: | | | |  | | | | | | | | | | | | | | | | | |
| Datum **oddaje** izpisnice: | | |  | | | | | | |  | | | | | | | | | | | | |
| **IZJAVA:** Obvezujem se, da bom oskrbnino poravnal/a v plačilnem roku, določenem na zadnji položnici. | | | | | | | | | | | | | | | | | | | | | | |
| Podpis starša oz. zakonitega zastopnika: | | | | | | | | | | | | | | | |  | | | | | | |