**ŽÁDOST**

**...................................................................................................................................................................**

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**Jméno a příjmení: .**....................................................................... **Ročník:**........................

**Den, měsíc, rok narození:** \_\_\_/\_\_\_/\_\_\_\_\_\_ **Obor:** .....................................................................

**Bydliště:**..................................................................................................................................................................

**Telefon:** …………………………….………..  **E-mail:** ..............................................................................................

**ODŮVODNĚNÍ ŽÁDOSTI**

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 datum podpis žáka podpis zákonného zástupce

 (lékař, úřad..)

**Vyjádření třídního učitele**: .......................................................................................................................................

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**Vyjádření ZŘ (ZŘ OV; VP)**:.......................................................................................................................................

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**Vyjádření ředitele školy:** ..........................................................................................................................................

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 podpis třídního učitele podpis ZŘ (PV) podpis ředitele školy