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*(Ime, ime oca i prezime)*

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*(Adresa)*

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*(Telefon)*

**JU CENTAR ZA SOCIJALNI RAD**

**C A Z I N**

PREDMET: Zahtjev za ocjenjivanje sposobnosti, razvrstavanje i evidenciju djece mladih s posebnim potrebama

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Dana, \_\_\_\_\_\_\_\_\_\_\_\_\_

PODNOSILAC ZAHTJEVA:

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