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| OIB: |  |  |  |  |  |  |  |  |  |  |  |

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(ime i prezime studenta)

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(adresa prebivališta)

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(broj telefona)

**OPĆINA STUBIČKE TOPLICE**

**JEDINSTVENI UPRAVNI ODJEL**

**ZAHTJEV**

**za sufinanciranje troškova javnog prijevoza studenata**

Na temelju Odluke o kriterijima i načinu sufinanciranja troškova javnog prijevoza redovitih učenika srednjih škola i studenata s područja Općine Stubičke Toplice za školsku odnosno akademsku godinu 2025./2026. podnosim zahtjev za sufinanciranje troškova javnog prijevoza za studenta:

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(upisati ime i prezime i adresu studenta)

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OIB studenta:

Zahtjevu prilažem:

1. Potvrda o upisu studenta u akademsku godinu 2025./2026.,
2. Dokaz o prebivalištu studenta.

U Stubičkim Toplicama, dana \_\_\_\_\_\_\_ 2025.

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

(potpis podnositelja zahtjeva)