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| **Podpis** | **Tr. Uč.****Majstra OVY** |  |  |  |  |  |  |  |  |  |
| **rodiča** |  |  |  |  |  |  |  |  |  |
| **Pečiatka a podpis lekára** |  |  |  |  |  |  |  |  |  |
| **Diagnóza****PN** |  |  |  |  |  |  |  |  |  |
| **Návšteva u lekára****dátum, od-do** |  |  |  |  |  |  |  |  |  |
| **Žiaka k lekárovi uvoľnil****dátum, od-do** |  |  |  |  |  |  |  |  |  |

 Súkromná stredná odborná škola – GASTROŠKOLA, s.r.o.

 Bieloruská 1,

821 06 Bratislava

ZÁZNAM

O ABSENCII ŽIAKA

MENO žiaka ...........................................................................................

Trieda ................................................................

Šk. rok ..............................................................

Podpis triedneho učiteľa ........................................................................

Podpis rodičov .......................................................................................

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