|  |
| --- |
|  |
| (vecāka vai likumiskā pārstāvja vārds un uzvārds) |
|  |
| (e-pasts vai tālrunis) |

**IESNIEGUMS**

Rīgā

Sporta skolas “Arkādija”

**direktoram J. Grantam**

Lūdzu atskaitīt manu dēlu/meitu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(bērna vārds, uzvārds, personas kods*)

no Sporta skolas “Arkādija” profesionālās ievirzes/interešu izglītības programmas

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(programmas nosaukums*)  *(datums)*

20\_\_\_\_.gada \_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 */vecāka, aizbildņa paraksts/*