ISG
High International
School of Gdansk

.....
(city, date)

.....
(name and surname of parents/ legal guardians)

.....
(name and surname of parents/ legal guardians)

.....
(address, street)

.....
(address, city and postal code)

.....
(phone number)

DIRECTOR

High International School of Gdansk / Międzynarodowego Liceum Ogólnokształcącego w Gdańsku, 80-435 Gdańsk, ul. Biała 1

COMMITMENT

As parents / legal guardians of the child ..... born on ..... we undertake to take the classification exams each school year, as referred to in Art. 37 of the Education Law of December 14, 2016. as amended.

.....
(legible signature of parents / legal guardians and adult student)