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

STATEMENT

As parents / legal guardians of the child ..... born on ..... we declare that we will provide the child with conditions appropriate to the implementation of the applicable core curriculum and thus preparation for the classification exams.

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