



GHANA NATIONAL COLLEGE CAPE COAST

P. O. BOX 161
CAPE COAST
Tel.: 0332096346
E-Mail: ghananationalshs@ges.gov.gh
GPS: CC-044-6515

BANKERS:
GCB BANK

UNDERTAKING FROM PARENTS/GUARDIAN

I, Mr./Ms. Father/Mother/Legal guardian
of Master/Miss do hereby undertake and
confirm:

1. That all information/certificates submitted on behalf of my ward are true to the best of my knowledge and nothing has been concealed.
2. That I hereby accept all the terms and conditions of the Institution and undertake to fully abide by them.
3. That I accept to honour PTA meeting invitations and/or any other official invitations promptly in the interest of my ward.
4. That, I understand my ward will be repeated if he/she obtains more than five **(5)** Es (*failure in five subjects*), for two **(2)** semesters, cumulatively.
5. That, appropriate action(s) shall be taken against my ward if he/she breaches any school rule.
6. That the above undertaking is voluntary and not obtained under duress.

Date:

Signature of Parent(s):