

ACCEPTANCE FORM

(To be completed by head of school or his/her delegated authority)

We accept SARAH YANKHOLMS ABEIKAH for  
placement in our school for his/her Off-Campus Teaching Practice.

Name and Address of School: BAIDOO BOUSSE SHS, P.O. BOX 23,  
AGONA AHANTA

Name of Officer: ISAAC ATO BOTCHWAY Position: ASST HEAD ACAD.

Signature & Stamp: [Signature] Date: 27/08/25

ASSISTANT HEAD  
ACADEMIC  
BAIDOO BOUSSE SHS  
AGONA AHANTA