



Little Sweet Angels

P.S.214 31-15 140th St, Flushing NY11354

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Parent's Consent Form Permission to Pick-Up and Drop-Off

STUDENT INFORMATION (學生資料)

Last Name (姓): _____ First Name (名): _____

Public School (就讀學校): _____

Grade (年級): _____ Class (班級): _____

Teacher's Name (老師名字): _____

AUTHORIZATION (家長授權如下)

I, _____ as the parent/legal guardian of
(Print Parent/guardian Name) 家長名字

_____, hereby give permission to
(Print Student's Name) 學生名字

LITTLE SWEET ANGELS transportation to pick-up and drop-off my child from the school during
_____ school year.

Parent /Guardian

Signature: _____
家長簽名

Date: _____
日期