



**AUTHORISATION FOR COLLECTION OF CHILDREN FROM
LITTLE GRADUATES**

I,, being the

mother/father/guardian of

hereby authorise the following person/s to collect my child/children from LITTLE GRADUATES LEARNING ACADEMY.

Name	Surname	Relationship	ID#

Any other relevant information that you feel the school should be made aware of or who may under NO circumstances collect your child

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Name	Surname	Relationship	ID#

Signed: Date:.....