PARENTMAIL DATA CAPTURE FORM

I give / do not give (please select) my permission for my email address and mobile number to be registered with ParentMail®.

PLEASE COMPLETE IN BLOCK CAPITALS

Child's Details

First Name																
SURNAME																
Form/Class		•			•											
First Name																

TISLIVAILE											1	1			
SURNAME															1
Form/Class															

Parent/Guardian Details

Title				Fir	stl	Var	ne														
SURNAME																					
			•	•				•		•					•						
Email Address																					
									_												
Mobile Number	I																				
	-								_												
Relationship to Child	b													P	rima	ary	Со	nta	act		

Title				Fi	st	Nar	ne													
SURNAME																				
Email Address																				
									_											
Mobile Number																				
Relationship to Child	ł												P	rima	arv	Сс	onta	act		

Additional Details (if required)

Child SURNAME Image: Child Surname Form/Class	Child First Name															
Form/Class	Child SURNAME															
	Form/Class															

Additional															
Email Address															

Signature	Date