

School Name:- Malin Bridge

Postcode:- S6 4RH

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																																				
SURNAME																																				
Form/Class																																				

Parent/Guardian Details

Salutation					First Name																															
SURNAME																																				
Email Address																																				
Mobile Number																																				

Relationship to Child																																			
																												Primary Contact (Tick)	<input type="checkbox"/>						

Salutation					First Name																															
SURNAME																																				
Email Address																																				
Mobile Number																																				

Relationship to Child																																			
																												Primary Contact (Tick)	<input type="checkbox"/>						

Additional Details (if required)

Child First Name																																				
Child SURNAME																																				
Form/Class																																				

Additional Email Address																													
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature _____ Date _____