

School Name: - Crookhorn College

Postcode: - PO7 5UD

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

Title								First Name											
SURNAME																			
Email Address																			
Mobile Number																			

Relationship to Child								Primary Contact	<input type="checkbox"/>
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Title								First Name											
SURNAME																			
Email Address																			
Mobile Number																			

Relationship to Child								Primary Contact	<input type="checkbox"/>
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Additional Details (if required)

Child First Name																			
Child SURNAME																			
Form/Class																			

Additional Email Address																			

Signature _____ Date _____