

School Name:- Mary Webb School and Science College
 Postcode:- SY5 0TG

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	tbc

First Name	
SURNAME	
Form/Class	tbc

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	tbc

Additional Email Address	
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Signature _____ Date _____