TRAFALGAR COMMUNITY INFANT SCHOOL
RH12 2JF

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)	

Salutation		First Name	
SURNAME			
Email Address			
Mobile Number			

Relationship to Child		Primary Contact (Tick)	

Additional Details (if required)

Child First Name	
Child SURNAME	
Form/Class	

Additional Email Address	

Signature _____ Date _____