School Name: **The Hollins Technology College** **Postcode** **BB5 2QY**

PARENTMAIL DATA CAPTURE FORM

I give 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 .....
(Parent/Carer)