

School Name:-  
Postcode:-

Shelley College  
HD8 8NL

# 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

[illegible][illegible]

## Parent/Guardian Details

[illegible][illegible][illegible][illegible]

Primary Contact	
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[illegible][illegible]

Mobile Number									
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[illegible]

Primary Contact	
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### Additional Details (if required)

[illegible][illegible]

Signature \_\_\_\_\_ Date \_\_\_\_\_