ALDER GRANGE SCHOOL
BB4 8HW

PARENTMAIL DATA FORM

I give my permission for my email address and mobile number to be registered with ParentMail®.

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO YOUR FORM TUTOR

Your children…

First Name	
SURNAME	
Form	

First Name	
SURNAME	
Form	

Child First Name	
Child SURNAME	
Form/Class	

Parent/Guardian Details

Title		First Name	
SURNAME			
Email Address			
Mobile Number			

Relationship to Child		Primary Contact	

Title		First Name	
SURNAME			
Email Address			
Mobile Number			

Relationship to Child		Primary Contact	

Signature _____ Date _____