Black Firs School
CW12 4QJ

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	
Relationship to Child	Primary Contact (Tick) ☐

Salutation	First Name
SURNAME	
Email Address	
Relationship to Child	Primary Contact (Tick) ☐

Additional Details (if required)

Child First Name	
Child SURNAME	
Form/Class	

Additional Email Address	

Signature _____ Date _____

fmsis Financial Management Standard in Schools

Cheshire East Council