

**PARENTMAIL DATA CAPTURE FORM**

We use an online payment and cashless catering system in school. The system allows us to provide you with a more efficient, faster and ultimately better quality of service.

In line with most other schools, you will be able to make payments online for trips, uniform sales, school meals etc. We will also be able to accept card payments in school.

We would like to be able to set up an account for your child within school to allow you to pay for items such as uniform from school prior to your child starting in September. If you agree to us using your details to create your ParentMail account, please complete the details below:

**Child’s Details**

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| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SURNAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SURNAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Parent/Guardian Details**

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| Title |  |  |  |  | First Name | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SURNAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Mobile Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship to child | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Primary Contact | | | | | | | |  | Yes (please tick box) | | | | | | | | | | | | | | |

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| Title |  |  |  |  | First Name | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SURNAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Mobile Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship to child | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Primary Contact | | | | | | | |  | Yes (please tick box) | | | | | | | | | | | | | | |

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