



LETHBRIDGE PRIMARY SCHOOL

PARENTMAIL RESPONSE FORM

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|----------------------------|--|
| Parents Information | |
| Full name: | |
| Full name: | |

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|----------------------------------------------|--|--------|--|
| Children at Lethbridge Primary School | | | |
| Name: | | Class: | |

| | |
|-------------------------------------------------------------------------------------------|--|
| Parents Email address/es | |
| Email: Mother | |
| Email: Father | |
| Email: Other | |
| Email: Other | |
| Email: Other | |
| <i>Please note that communication will be sent to each e-mail address provided</i> | |

| | |
|---------------------------------------------------------------------------|--|
| Parents Mobile Telephone numbers (please provide all) | |
| Mother: | |
| Father: | |
| <i>A text message will be sent to each of the numbers provided</i> | |

****I/we are able/*not able to receive information and *give/*do not give permission for our email address & mobile number to be registered with ParentMail®. (*delete as appropriate)***

Signature: ----- Date: -----