



PMX Parentmail Registration

Please complete in block capitals:

Full parent/carer name(s) _____ / _____

Name of child _____ DOB _____ Class _____

Name of child _____ DOB _____ Class _____

Name of child _____ DOB _____ Class _____

Name of child _____ DOB _____ Class _____

Please delete as appropriate:

I would like to register to receive email communication from school/I would prefer to receive paper communication

Please indicate **ONE ONLY** to be primary contact for text messages

Parent's name: _____ Primary contact Yes/No

Email address: _____ Mobile No: _____

Parent's name: _____ Primary contact Yes/No

Email address: _____ Mobile No _____