



HOME CONNECT DATA CAPTURE FORM

I give my permission for my email address and mobile number to be used for HomeConnect communications.

PLEASE COMPLETE IN BLOCK CAPITALS

Child/Children’s Details

Child’s name.....

Class

Child’s name.....

Class

Parent/Guardian Details

Title: First Name: Surname:

Email address.....

Mobile Number:

Relationship to child:

Primary Contact **Yes/No**

Title: First Name: Surname:

Email address:

Mobile Number.....

Relationship to child:

Primary Contact **Yes/No**

Signature: Date:

Contact us

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