

## **Application for Access to SIMS Learning Gateway**

In signing this application, I/we understand that the password/s will give access to information of a personal nature. I/we am/are responsible for keeping the passwords safe and secure.

### **Parent/s who requires access**

<b>Title</b>	<b>Forename</b>	<b>Surname</b>	<b>Signature</b>

### **Child/children**

<b>Forename</b>	<b>Surname</b>	<b>Form</b>

**Please return this slip along with a stamped, self-addressed envelope to Pupil Welfare. Place both in an envelope labelled SIMS Learning Gateway.**