

## Application Form – Parental Access to SIMS Learning Gateway



Parental Details:			
Surname:		First Name:	
Address:			
Mobile Telephone #			
E-mail address:			
<b>Your children at Joseph Leckie Academy: (please list)</b>			
Name of Child	Tutor Group (if known)	Date of Birth	
<b><i>I agree to the terms of the SIMS Learning Gateway User Policy</i></b>			
Signed:		Date:	

For JLA use only	
Approved:	Date: