SLG Parental Access Return Slip

I confirm that I have read and understood the terms of the SIMS Learning Gateway Acceptable Use Policy and sign to accept these terms.

Signature of Parent/Carer: ……

Name of Parent/Carer: ……

E-Mail Address:
(To be used to issue username. Please write one character in each square. A dot counts as one character.)

Name of Student(s):

Student 1 …… **Year Group……**

Student 2 …… **Year Group……**

Student 3 …… **Year Group……**

Student 4 …… **Year Group……**

Date: ……

Please return this slip to Mrs Alison Lancaster, School Secretary via the Senior School Reception.