



Rossett School
Success for everyone

Parental Access SIMS Learning Gateway

Application for a primary contact login and password

To be completed by the primary contact who has legal parental responsibility for the student(s) named.

| | |
|-----------------------------|--|
| Name of Applicant | |
| Address of Applicant | |
| Email Address | |
| Home Phone Number | |
| Mobile Phone Number | |

| Details of student(s) whose SIMS Learning Gateway details you wish to access | | |
|--|-------------|------------------------------------|
| Student Name | Tutor Group | Applicants Relationship to Student |
| | | |
| | | |
| | | |
| | | |

I the undersigned have received and read the Rossett School SIMS Terms and Conditions Document (available on the school website; parent page/slg) and agree to abide by the rules set out therein. I certify that I have legal parental responsibility for the student(s) named above and there is no court order against me barring access to this information.

Signature of Applicant: _____ **Date:** _____

Please return to the General Office, Rossett School, Green Lane, Harrogate, HG2 9JP

| Rossett School Use | | |
|---------------------------|------|--------------|
| Action | Date | Processed By |
| Application Form Received | | |
| Account Activated | | |