

## SIMS Parent App Parental Access

Your signature below indicates you have read and understood the requirements of the SIMS Parent App Acceptable Use Policy and agree to abide by the conditions outlined in the Policy.

### Parental Access Form

Please send an email invitation to access Banbridge Academy's SIMS Parent App.

I confirm that I have parental responsibility for the children listed below.

|               |  |               |  |            |  |
|---------------|--|---------------|--|------------|--|
| Name of Pupil |  | Date of Birth |  | Form Class |  |
|---------------|--|---------------|--|------------|--|

|               |  |               |  |            |  |
|---------------|--|---------------|--|------------|--|
| Name of Pupil |  | Date of Birth |  | Form Class |  |
|---------------|--|---------------|--|------------|--|

|               |  |               |  |            |  |
|---------------|--|---------------|--|------------|--|
| Name of Pupil |  | Date of Birth |  | Form Class |  |
|---------------|--|---------------|--|------------|--|

|               |  |               |  |            |  |
|---------------|--|---------------|--|------------|--|
| Name of Pupil |  | Date of Birth |  | Form Class |  |
|---------------|--|---------------|--|------------|--|

|                              |
|------------------------------|
| 1. Parent/Guardian Full Name |
|                              |
| Email Address                |
|                              |
| Signature                    |
|                              |

|                              |
|------------------------------|
| 2. Parent/Guardian Full Name |
|                              |
| Email Address                |
|                              |
| Signature                    |
|                              |

Date \_\_\_\_\_

Please return completed form to the School Office via your son/daughter's Form Teacher.