



SIMS Learning Gateway

Parental Access Request Form

Please provide me with a login username and password to access the BISAK SIMS Learning Gateway.

Name	
Relationship to child	
E-mail address	
Telephone number	

Name	
Relationship to child	
E-mail address	
Telephone number	

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

Name of pupil:		D.O.B.		Tutor Group	
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Name of pupil:		D.O.B.		Tutor Group	
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Parent/Guardian signatureDate

Parent/Guardian signatureDate