**Notes/Summary**

1. *Only Parents or Carers with parental responsibility are entitled to apply for a SIMS Learning Gateway account to view that child’s data.*
2. *Only you, your child and authorised Academy staff can access this data about your child via the Gateway. A Parent/Carer cannot see any contact information about another Parent/ Carer or any other child.*
3. *Your data and that of all children is managed by the Academy in conjunction with Telford & Wrekin Council. This is held securely on our servers. We take the security of this data very seriously and all sensible measures have been taken to safeguard this information.*
4. *When you connect to SIMS Learning Gateway, data is transmitted using security encryption.*
5. *You are able to change your password at will to maintain the security of your account.*
6. *The Academy reserves the right to refuse to supply an account or to withdraw SIMS Learning Gateway access from individuals where it believes appropriate to do so.*

**SIMS Learning Gateway (SLG) Access Request Form**

Please completed the form below and return it to Mrs Lawton at the main school office.

I request a password to enable me to access Holy Trinity Academy’s school SIMS Learning Gateway and confirm that I have read and agree to abide by the Holy Trinity Academy’s SLG policy.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Emails MUST be provided to enable access)**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Sign to agree with policy)**

**I have read and agree to the terms in the SLG policy.**

**I confirm that I have parental responsibility for the following children that are attending HTA.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign to agree that you have parental responsibility)**

(Please print clearly)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename | Surname | Gender | Date of Birth | Form |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please note: Your SLG login will be sent to you via the email you have provided above, unless you have requested via the school to have the information sent via the post.

Email Post

Thank you