



Ballyclare Secondary School
SIMS Parent App Application Form

Please complete and return to school so that we can get you registered.

1. I wish to receive information via SIMS Parent App: Yes / No

2. Pupil Name: _____

3. Person(s) with parental responsibility for my son/daughter:

1st) _____

2nd) _____

4. Email address used to register for SIMS Parent App:

*Signature acknowledges the school's right to disengage linked contacts at any point in the interests of maintaining child protection protocols.

*Content(s) of SIMS Parent App will be treated, in accordance with Ballyclare Secondary's SIMS Parent App Usage Policy and GDPR Policy.

5. Parent / Carer Signature: _____

6. Date: _____