



LONGDEAN LEARNING PLATFORM PARENTAL ACCESS REQUEST FORM SEPTEMBER 2017

Parent/Guardian Details – PLEASE COMPLETE IN BLOCK CAPITALS

Title	First name	Surname
Address	Post Code	Telephone no: Mobile no:
e-mail address:		

Student Details – PLEASE COMPLETE IN BLOCK CAPITALS

NEW STUDENT	
SIBLING 1	SIBLING 3
SIBLING 2	SIBLING 4

I understand that it is my responsibility to inform the school immediately if my personal circumstances change in order to prevent unauthorized access.

(Please write Yes or No)

I have read and accept the terms of the attached Acceptable Use Policy.

(Please write Yes or No)

Signed:

Dated: