



Date: \_\_\_\_\_

Massachusetts Department of Elementary and Secondary Education  
Student Information Management System

**SIMS Compliance Application**

**Company Information:**

**Company Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Web Site: \_\_\_\_\_

**Software Information:**

**Software:** \_\_\_\_\_ **Version:** \_\_\_\_\_  
Hardware Platform: \_\_\_\_\_  
Operating System: \_\_\_\_\_  
Are you SIF (schools interoperability framework) Compliant?      YES      NO  
*\*The Compliance Review applies to a single version of a given platform. Additional platforms or packages must be filed on a separate*

**Contact Information:**

**Company Representative:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
**Technical Representative:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
**SIMS Compliance Representative:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_



All reviews will take place at the Department of Elementary and Secondary Education, Malden, Massachusetts. Appointment times are 9am or 1pm during the review period. Please indicate your company's availability for demonstration including both date and time. The review team will make every effort to accommodate the time and date indicated, however, this may not be possible in all situations.

**Availability for Demonstration:** \_\_\_\_\_

**Preference for Communication:** (please circle most preferred)      **Email**      **Fax**      **Phone**

Please fax the application to: Judy Chan Li, Department of Elementary and Secondary Education, fax number (781) 338-6850

*For Department Use Only: Please Do Not Write In This Section*

**Date Application Received:** \_\_\_\_\_      **Via:** \_\_\_\_\_

**Scheduled Compliance Review:**

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

**Time:** \_\_\_\_\_

**Confirmation and directions sent?**      **YES**      **NO**

**Results:**

**Compliant**

**Non Compliant**      **Reason:** \_\_\_\_\_

\_\_\_\_\_

**Compliant/Non Compliant Letter sent:**

**Date:** \_\_\_\_\_      **Via:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_