

## REQUEST FOR EXEMPTION TO STUDENT MOBILE PHONE BAN

Student name: \_\_\_\_\_ Year: \_\_\_\_\_

### **Reason for request**

**Medical:** \_\_\_\_\_

Provide details as to why the student needs to access their mobile phone during the school day:

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**Other:** \_\_\_\_\_

Provide details as to why the student needs to access their mobile phone during the school day:

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Please return to Cynthia Geiles (Deputy Principal Year 7,8), Natalie Simms (Deputy Principal Year 9,10) or Damon Atthowe (Deputy Principal Year 11,12) for consideration.

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

- Approved  
 Not approved

Reason

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- Decision communicated to parent/carer  
 Exemption card given to student (if exemption approved)

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