Mobile phone and/or electronic device

Exemption Request Form

Please complete all details below and submit to the school for Principal consideration.

Parent/Carer name:	Parent/Carer phone number:
Student name:	Year:

I submit this request for a mobile phone exemption for the student named above.

I make this request on the following grounds:

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The medical reason/s described above are supported by _____

(medical professional's name) and a letter is attached.

_____ _____

Parent/Carer signature Date

Note: All exemption requests are to have a medical practitioner's letter attached supporting the reasons for an exemption to be considered.

Once submitted, the Principal shall review the exemption request and the parent/carer will be notified of the decision.