Request for Mobile Phone Exemption

Dear Mrs Castle,

I am applying for a mobile phone exemption for my child to be exempted from the Hurlstone Agricultural High School current *Student Use of Mobile Phones Policies and Procedures*:

My child's information is as follows:

First Name	
Surname	
Date of birth	
Year	

The basis of this request is:

[   ]   **The device is used to monitor or help manage an existing health condition.**

Note: The school has previously been advised of this health condition

[   ]   **The device is used to monitor or help manage an emerging health condition.**

Note: Additional documentation is attached to this request

[   ]   **The device is a documented adjustment to my child's Individual Learning Program for a student with disability.**

[   ]   **Other allowance(s)**

Note: Additional documentation is attached to this request

To support this request, I am providing _____ pages of additional documentation. These documents are:

I agree that the following policies and procedures continue to apply to my child's enrolment:

- The Department of Education's *Behaviour Code for Students*
- The Department of Education's *Care and Supervision of Students*
- The Department of Education's *Student Behaviour Policy*
- Hurlstone Agricultural High School's *BYOD Policy*
- Hurlstone Agricultural High School's *Behaviour Management and Support Plan*
- Any other Department of Education school-based policy that applies.

I understand that the school's procedures will apply to my child's use of their phone if granted, including:

- Time of use
- Location of use
- Purpose of use
- Duration of exemption.

I further understand that this exemption may be revoked at any time and reviewed as required, and that any revocation will be communicated to me and my child.

Until an outcome has been made, I recognise that my child must follow the Hurlstone Agricultural High School current *Student Use of Mobile Phones Policies and Procedures*.

Parent/Caregiver's Name:	Child's Name:
Phone Number:	Phone Number:
Email:	Email:
Signature:	Signature:
Date:	Date: