Mobile Phone Exemption Application Form



The following form is to be used by students requesting Mobile Phone or Personal Electronic Device Exemption while at school (NOT FOR USE IN CLASS). Exemptions for Medical/Health conditions – to be approved by Year Level Dean. Exemptions for Mental Health conditions – to be approved by GO.

Section 1: Can be completed by Parent/Caregiver or Student

| Student Name: | |
|------------------------------|--|
| Form Class: | |
| Student Email Address: | |
| Parent/Guardian Name: | |
| Year Level Deputy: | |
| Year Level Dean: | |
| Year Level Guidance Officer: | |

Requested adjustments (tick relevant boxes):

□ Mobile Phone kept on person (in pocket) for medical condition

□ Other:

Reasons for Exemption: (Note Use for using music for calming strategy does not constitute as a suitable reason)

Supporting Evidence:

□ Medical Certificate or Specialist Letter (attach/email with application)

□ Other:

I understand that completion of this application does not constitute or guarantee any exemption to Bremer State High School's Mobile Phone and Personal Electronic Devices Policy. I acknowledge that if my exemption is approved, I will be issued with an Exemption Card and only then will I be permitted to use my personal electronic device as per the approved provisions.

| Parent/Caregiver Signature: | Date: |
|-----------------------------|-------|
| Student Signature: | Date: |

Please email or submit this form to the Year level Dean (or Guidance Officer for Mental health conditions).

Section 2: Approval (to be completed by Year level Dean or Guidance Officer for Mental Health Exemptions)

| Approved Review date: | | | | | |
|--|------------------------|-------------------------------|-----------------|--|--|
| □ Not approved | | | | | |
| □ Student Support Plan developed | I | | | | |
| Name of Dean/GO: | Signature | e: | Date: | | |
| Exemption provisions (including any specific details e.g. times of day): | | | | | |
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| For period of exemption, student | 's personal electroni | c device/mobile phone to l | be stored in: | | |
| □ Signal-blocking pouch □ I | Non-signal-blocking po | ouch Bag or pocket (on silent | t) | | |
| Agreed location/s for personal technology use: | | | | | |
| □ Access Hub | □ Library | □ Outside student's class | room (close by) | | |
| □ Wellbeing Hub/GO | □ Student Office | □ Any location as required | d | | |
| □ Other: |] | | | | |
| Checklist (must be ticked and signed by staff member approving/not approving exemption): | | | | | |
| Email regarding outcome sent to student and parent/caregiver | | | | | |
| If approved: | | | | | |
| □ Uploaded to Oneschool (Permise | sions) | | | | |
| \Box Teachers and Year Level Team emailed | | | | | |

 $\hfill\square$ Exemption Card issued to student