**Application for Exemption for Using Mobile Phones at School**

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| Student Name: | Click or tap here to enter text. |
| Parent/Carer Name: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

I/ we request exemption or partial exemption from the NSW Department of Education: [Students’ Use of Mobile Phones in Schools policy](https://education.nsw.gov.au/policy-management-schools/student-use-of-mobile-phones), by reasoning of:

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| --- | --- | --- |
| Medical conditions | Feedback from Wellbeing HT | |
| Health and Wellbeing | Other: | |
| **Details of issue:** | | |
| Click or tap here to enter text. | | |
| **School Assessment** | | |
| Principal request further information to support application.  Yes No  If yes:  Medical Certificate (attached)  Feedback from Wellbeing HT  Feedback from other subject matter experts | | Principal  Initial:  Click or tap here to enter text. |

**Feedback #1 (or attached)**

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| From: Click or tap here to enter text.  Position: Click or tap here to enter text.  Comments:  Click or tap here to enter text. |

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| **Feedback #2 (or attached)** |
| From: Click or tap here to enter text.  Position: Click or tap here to enter text.  Comments:  Click or tap here to enter text. |
| **Exemption Conditions** |
| None or  As detailed here-in:  Click or tap here to enter text. |

**Approval (complete A or B)**

**A**   The application for exemption is not approved, by reason of:

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| Click or tap here to enter text. |

**B**  The application for exemption is approved with exemption conditions detailed above. If the conditions are not followed, then the student is subject to behaviour and disciplinary action further outlined in the school’s Use of Mobile Phones at School Management Plan.

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| Principal Name: Click or tap here to enter text. |
| Principal Signature: Click or tap here to enter text. |
| Date: Click or tap to enter a date. |