



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

Student Name:

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Parent/Carer Name:

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Date:

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I/ we request exemption or partial exemption from the NSW Department of Education: [Students' Use of Mobile Phones in Schools policy](#), by reasoning of:

- Medical conditions                       Feedback from Wellbeing HT  
 Health and Wellbeing                       Other:

**Details of issue:**

**School Assessment**

<p>Principal request further information to support application. <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes:</p> <p><input type="checkbox"/> Medical Certificate (attached) <input type="checkbox"/> Feedback from Wellbeing HT <input type="checkbox"/> Feedback from other subject matter experts</p>	<p>Principal Initial:</p>
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**Feedback #1 (or attached)**

From:

Position:

Comments:

**Feedback #2 (or attached)**

From:

Position:

Comments:

**Exemption Conditions**

None or  As detailed here-in:



**Approval (complete A or B)**

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

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**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.

Principal Name:
Principal Signature:
Date: