

# MOBILE PHONE POLICY EXEMPTION



Under the Department of Education's *Student mobile phones in government school's policy*, students may be granted exemption for the use of mobile phones or electronic device during the school day to monitor a medical condition as part of a school approved documented Health Care Plan.

This form should only be completed if you are seeking a medical exemption for your child and must include supporting medical evidence. The completed form and attachments must be submitted to your student's Assistant Principal for review by the Palmerston College team.

If approved, the student is only allowed to use their device for the purpose indicated in the exemption.

<b>Student Name</b>						
<b>Year Level</b>	7: <input type="checkbox"/>	8: <input type="checkbox"/>	9: <input type="checkbox"/>	10: <input type="checkbox"/>	11: <input type="checkbox"/>	12: <input type="checkbox"/>
<b>Parent / Carer Name</b>						
<b>Date of Submission</b>						

<b>Reason for Exemption</b>			
<b>Device Required</b>			
<b>Dates for Exemption</b>	Start: ____ / ____ / ____	End: ____ / ____ / ____	N/A: <input type="checkbox"/>

<b>Evidence Attached</b>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>
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## Information to support your request:

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<b>Attachments</b>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Parent / Carer Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Inspiring, motivating and challenging  
students for successful futures*



# MOBILE PHONE POLICY EXEMPTION



## COLLEGE USE ONLY

Approved / Not Approved

Dates for Exemption  
Entered in Compass

Start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
No: ☐

End: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ N/A: ☐  
Yes: ☐

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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