



MOBILE PHONE EXEMPTED USE APPLICATION

BURWOOD GIRLS HIGH SCHOOL

This form must be submitted prior to student use of mobile phone on school grounds.

Section A (Student & Parent to Complete)

Student FULL name:	Year Group:	Date:
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Reason for mobile phone use, based on student wellbeing grounds:

Supporting medical documentation (attached):

Student signature:

Date:

Parent name:

Date:

Parent Signature:

Section B (Deputy Principal to Complete)

Agreed wellbeing adjustment strategy for mobile phone use:

Flag added to Sentral:

Deputy Principal Signature:

Date:

Principal Signature:

Date: