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| **Personal Use of Communication Devices Exemption Request Form A** |

This request form is to be used when seeking approval for exemption from the Personal Use of Communication Devices in ACT Public Schools Policy.

Parents/Carers of students wishing to apply for an exemption to the policy, will need to complete the following exemption request form and provide verified documentation, as per the exemption requirements, to support the student’s application for exemption.

The application and supporting documents should be submitted at the school reception or via email to [**gungahlincollege@ed.act.edu.au**](mailto:gungahlincollege@ed.act.edu.au)for consideration.

Parents/Carer will be notified of the outcome once the application has been reviewed by the school authority. When an exemption has been approved, the student is allowed to use their device for the purpose of the exemption only and should not be using the personal device during the school day for other reasons.

Section A (If a parent/carer is applying for exemption)

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| **Details of Student** | |
| Name of Student |  |
| Student’s year level |  |
| Parent/carer name |  |
| Parent/carer contact number |  |
| Parent/carer email |  |
| School Name |  |

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| **Request for approval: exemption dates** | |
| Start date |  |
| End date |  |
| School this exemption request applies to |  |

|  |  |
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| **Request for approval for exemption with supporting evidence – please attach** | |
| Managing or monitoring a medical condition |  |
| Helping to meet caring or family responsibilities |  |
| Other mitigating circumstances |  |

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| **Please provide supporting evidence, which may include a medical certificate, letter from a support worker, government agency or health professional stating where, when and how the device is to be used.** |
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| **Declaration** | |
| **I declare that the information contained in this form is true and accurate** | |
| Name of parent/Carer |  |
| signature |  |

Section B (School Office to complete)

Principal (delegate) to complete the appropriate exemption approval below.

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| This exemption has been **approved** | | |
| **Principal (delegate) Name** | **Signature** | **Date** |
|  |  |  |

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| This exemption has been **approved subject to the following conditions** | | |
|  | | |
| **Approval granted from:** | **Till:** | |
| **Principal (delegate) Name** | **Signature** | **Date** |
|  |  |  |

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| This request has **NOT** been **approved for the following reasons** | | |
|  | | |
| **Principal (delegate) Name** | **Signature** | **Date** |
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