

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 **info@"insertschool".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/carers is applying for exemption)

Details of Student	
Name of Student	
Student's year level	
Parent/carers name	
Parent/carers contact number	
Parent/carers email	
School Name	

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

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	

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.

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. Please strike through those that do not apply. Please use the *Exemption Response letter template* ([insert hyperlink](#)) to provide response to applicant.

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

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

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