



## **Mobile Phone Ban Medical Exemption**

Student Name:
Year:
Parent/Carer:
Outline health/wellbeing condition requiring an exemption:
Outline specific ways which the phone needs to be used by the student during school hours:
List medical information/evidence attached:
Demont Communications and datas
Parent/Carer signature and date:
OFFICE USE ONLY
☐ Exemption Request Approved ☐ Exemption Request Declined ☐ Plan created in Sentral and Flag on Student Profile
☐ Teachers notified ☐ DP has notified parent that exemption is in place. Recorded on Sentral.
Notes:
Review Date: (12 months):