

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

**Please submit this application and supporting Medical Certificate to Reception or via email [blacktowng-h.school@det.nsw.edu.au](mailto:blacktowng-h.school@det.nsw.edu.au) for consideration**

## SECTION A (Student & Parent to Complete)

### STUDENT DETAILS

<b>First Name:</b>		<b>Surname:</b>	
<b>Year Group:</b>		<b>Date:</b>	

### EXEMPTION DETAILS

**Reason for mobile phone use, based on student medical/learning/wellbeing needs:**

**Supporting medical documentation (attached):**

*Only the BGHS Medical Certificate Form will be accepted*

**Medical Form Attached**

☐ Yes

☐ No

**Student Signature:**

**Date:**

**Parent/carer  
Signature:**

**Date:**

## SECTION B (Principal to Complete in consultation with HT Wellbeing)

**Agreed wellbeing adjustment strategy for mobile phone use:**

☐

**Flag added to Sentral**

**Deputy Principal Signature:**

**Date:**

**Principal Signature:**

**Date:**

## Mobile Phone Exemption Flowchart

