MOBILE PHONE EXEMPTED USE APPLICATION
TUMBARUMBA HIGH SCHOOL

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

Section A (Students & Parent/Carer to complete)		
Student FULL name:	Year Group:	Date:

Reason for mobile phone use, based on student medical, wellbeing or learning grounds:
Supporting medical documentation (SECTION C):
Student signature:
Parent name: Date:
Parent Signature: Date:

Section B (Principal/Deputy Principal to complete)	
Agreed medical, wellbeing or learning adjustment strategy for mobile phone use:	
Approved: ☐	Flag added to Sentral: ☐
Deputy Principal Signature:	
Principal Signature:	

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Section C (The independent professional authority providing documentation)

Tumbarumba High School requires a student to notify you that they are using this medical certificate to claim illness so as to permit the need of having their mobile/electronic device with them at all times. Your help in providing information regarding the **impact** of this student's illness/disability is appreciated, and will be used to assess the validity of this application.

*Please note that all students have **access** to the school's phone in a case of emergency. Parents/carers can also contact their child/ren via the front office too.*

I, ..., a legally qualified medical practitioner,

certify that on ..... (*date*) examined .....(*patients name).*

The patient is suffering from : .....
(*diagnoses provided with the patient's consent where possible*)

In my professional opinion, the student requires to have all day access to their mobile device to meet: (please tick)

In a minor way	Moderately	Severely
☐	☐	☐

MEDICAL NEEDS
Please specify and explain in detail:

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For the period of: ..... to .....

Please note certificate can only be issued for ONE calendar year only

Other remarks:

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Details of Independent Professional Authority OR Stamp of Independent Professional Authority

Name:
Profession:
Provider number:
Address:
Contact Number:
Signature: