

**Technology**

**Exhibit – Student Use of Personal Technology Waiver Request - To be submitted to the Building Principal**

Name of Student:		
School/Grade:		School Year:

I, the parent of the above named student, do hereby request a waiver to Board policy 9:10 Student Use of Personal Technology.

In support of this waiver request, I am acknowledging that one of the following statements is true and accurate (please check at least one box):

Purpose for waiver

- Medical – as deemed appropriate by a physician (attach documentation)
- Medical – as deemed appropriate by the appropriate school personnel (please explain below):

---



---



---

- Academic- at the request of the parent (please explain below):

---



---



---

I further acknowledge that I have reviewed and discussed Student Use of Personal Technology Policy 9:10 with my student and understand this waiver is good until June 15 of the current school year.

I understand the use of personal technology is a privilege, not a right. If personal technology usage is deemed inappropriate, disciplinary action will be taken as outlined in Student Discipline Policy 7:190 and may result in revoking the approved waiver.

Parent/Guardian Name (Please print)	
Parent/Guardian Signature	
Teacher Name (please print)	
Teacher Signature	
Principal Name (please print)	
Principal Signature	
Building Nurse (if applicable)	
Building Nurse Signature (if applicable)	
Other appropriate school personnel:	
Other appropriate school personnel Signature:	
Date:	

Reviewed: July 8, 2014; December 8, 2014, December 13, 2021  
 Adopted: August 11, 2014  
 Revisions Adopted: January 12, 2015