COMMUNITY CONSOLIDATED SCHOOL DISTRICT 89

Where every learner belongs and is empowered to discover their full potential

CCSD 89 Student Use of Personal Technology Waiver

Name of Student:		
School/Grade:		**School Year:**

I, the parent of the above-named student, do hereby request a waiver to Board policy 7:192 Student Use of Mobile Telecommunication Devices. 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:

☐ Academic – as outlined in student's individualized education plan (IEP) or 504 Plan

☐ Medical – please provide reason below and a staff member will follow up with you:

_____

_____

_____

☐ Other – please provide reason below and a staff member will follow up with you:

_____

_____

_____

I further acknowledge that I have reviewed and discussed Board policy 7:192 Student Use of Mobile Telecommunication Devices and Regulation 7:190-R5 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 Regulation 7:190-R5 and may result in revoking the approved waiver.

Parent/Guardian Name *(please print)*	
Parent/Guardian Signature & Date	
Teacher Name *(please print)*	
Teacher Signature & Date	
Principal Name *(please print)*	
Principal Signature & Date	
Building Nurse *(if applicable)*	
Building Nurse Signature & Date *(if applicable)*	

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL'S MAIN OFFICE.