

POLICY: JFCK-E
Approved: 6/27/05
Reviewed:
Revised:

REQUEST TO AUTHORIZE STUDENT POSSESSION OF ELECTRONIC DEVICES

I request that my child, identified below, be authorized to possess and use an electronic device while on premises owned, rented or under the control of the School District of Hartford Jt. #1. I request that my child be authorized to possess and use an electronic device for the following reasons(s):

Medical reasons. Explanation:

School related or educational reasons. Explanation:

Other reasons. Explanation:

I understand and agree, as does my child, that possession and use of an electronic device while on School District premises is subject to school rules. Both my child and I have received, read and understand and agree to follow School District rules governing the use of electronic devices.

Name of Student _____
(print)

Name of Parent _____
(print)

Signature of Parent _____ Date _____

Approved _____	Disapproved _____
Administrator Signature _____	Date _____
Administrator Name (typed or printed) _____	