



Mary MacKillop Catholic Regional College 2024 MOBILE DEVICE EXEMPTION APPLICATION

Student Name: _____ HRM: _____

Reason for applying for an exemption:

Please tick Category/s for exemption

Learning-related exceptions		
✓	Specific exception	Suggested Documentation
	For specific learning activities (class-based exception)	Unit of work and included in the Teaching Program
	For students for whom a reasonable adjustment to a learning program is needed because of a disability and/or learning difficulty	Personalised Learning Plan (PLP)

Health and Wellbeing related exceptions		
✓	Specific exception	Suggested Documentation
	Students with a health condition	Student Health Support Plan
	Student who are Young Carers	School record

Special Circumstances (Parents/ Guardians will be notified on permission letters if mobile phones may be used on school excursions, overnight camps or offsite activities)		
✓	Specific exception	Suggested Documentation
	Travelling to and from excursions	Risk assessment planning documentation
	Students on excursions and camps	Risk assessment planning documentation
	When students are offsite (not on school grounds) and unsupervised with parental permission	Risk assessment planning documentation
	Students with a dual enrolment or who need to undertake intercampus travel	Risk assessment planning documentation

Health and Wellbeing related exceptions

✓	Specific exception	Suggested Documentation
	Travelling to and from excursions	Risk assessment planning documentation
	Students on excursions and camps	Risk assessment planning documentation
	When students are offsite (not on school grounds) and unsupervised with parental permission	Risk assessment planning documentation
	Students with a dual enrolment or who need to undertake intercampus travel	Risk assessment planning documentation

Further information to support your application (Optional)

Parent/Legal Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Wellbeing Leader: _____ **Date:** _____

Completed forms must be returned to Deputy Principal: Wellbeing – Students and Staff. Student, parent/guardian will then be informed if the application has been successful or not and the effective start date.

Office Use Only

Mobile Device: Approved Not Approved

Deputy Principal – Wellbeing – Students and Staff: _____
Signature

Date: ____/____/____

<input type="checkbox"/> Communicated to student	Date: _____
<input type="checkbox"/> Communicated to parent/guardian	Date: _____
<input type="checkbox"/> Communicated to all teachers	Date: _____
<input type="checkbox"/> File in students file in office	