



**PARENT PERMISSION FORM 2016-2017
FOR STUDENT USE OF PORTABLE COMMUNICATION DEVICE**

PARENT STATEMENT EXPLAINING THE REASON(S) FOR THE REQUEST MUST BE ATTACHED TO THIS FORM AND REVIEWED BY PRINCIPAL

I hereby **request** permission for my son/daughter to have at school a portable communication device. I understand that my son/daughter must abide by the following:

- (1) Cannot display, use, activate, or permit portable communication devices to be activated during the instructional day. The instructional day includes, but is not limited to, study halls, lunch break, class changes and any other structured or non-structured instructional activity that occurs during the normal school day;
- (2) Must ensure that their devices are turned off and out of sight during the instructional day;
- (3) Cannot use any portable communication device during the hours of the regular school day, including summer school;
- (4) Can only make use of a portable communication device before or after the instructional day, as long as the portable communication device is not used inside school buildings or on school buses; and
- (5) Can only make use of a portable communication device at after-school activities, including outdoor spectator events, provided they do not interfere with the after-school activity and their use conforms to directives of the building principal or designee.

I further understand that any violation by my son/daughter of School Board Policy or Regulations of Suffolk Public Schools relative to student use of portable communication devices will result in student disciplinary action.

Student's Name **(Please Print Clearly)**: _____

Parent/Guardian Submitting Request: _____

Address: _____

Contact Telephone Number(s): _____

Signed by: _____ Date: _____
Parent/Guardian

Signed by: _____ Date: _____
Student

(To Be Completed by Principal)

Principal: _____ School: _____ Date: _____

Parent Statement Attached? Yes No (Do Not Send to Pupil Personnel Department)

(For School Administrative Offices Use)

Approved Not Approved-Reason(s): _____

Signature/Position: _____ Date: _____