## **Application for Phone (Personal Devices) Exemption**

Name:			Year:	
Parent/Carer Name:				444
Parent Contact No:				Cherrybrook
Medical Condition Requiring Exemption:				Technology High School
Outline what is specifically needed for this exemption:				28-44 Purchase Road
				Cherrybrook NSW 2126
				<b>Telephone</b> 02 9484 2144
				Email cths@cths.nsw.edu.au
				Website
				https://cths.nsw.edu.au  Principal
				Mr Gary Johnson
				Deputy Principals Mr M Townsend Mr B Clements
				Mrs A Gatt Mr M Fisher (Rel)
				_
Is medical information/ evidence attached?			YES / NO	
Have you met with the DP to develop a plan for use?			YES / NO	-
Principal Approval	YES / NO	Signature:	Date:	
OFFICE USE ONLY				
□ Plan created in Sentral.				
☐ Phone Exemption Card created and delivered to the student.				
□ Notification to the parent regarding the outcome of the exemption request.				
☐ Student flag in Sentral created.				