Form S004

Mobile Phone Register

Student’s Name: ___________________________________________________________________

Student’s Class: ________________

Phone Make and Model: __________________________________________________________________

My child carries a mobile phone to school so that he/she is able to contact me after school if necessary.

OR

I am aware that my child carries an ipod/ipad to school.

I understand that the phone/ipod/ipad will be turned off and kept in the school office during the day and will be returned to my child before the end of school.

Parent/s Name/s: ___________________________________________________________________

Parent/s Signature/s: __________________________________________________________________

Date: __________________________