



# Personal Technology Device Exemption Request

**Student Name:**

**Student ID (if known):**

**Year Level:**

**Connect class:**

**Requesting Parent/Carer Name:**

I request an exemption from the BBSC Personal Technology Device Policy on grounds of:  
(Tick the relevant box)

- The mobile phone or wearable device is used by the student to monitor or manage a medical condition (in accordance with the Managing students' health support needs at school procedure)
- The mobile phone or wearable device is used as an agreed reasonable adjustment for a student with disability or learning difficulties
- The mobile phone or wearable device is used by the student as an augmentative or alternative communication system or as an aide to access and participate in the environment, e.g., navigation or object/people identification applications
- The mobile phone or wearable device is used as an agreed adjustment for a student with English as an additional language or dialect
- The student has an extenuating circumstance that necessitates the need for access to their mobile phone or wearable device during the school day, including (but not limited to) students who contribute financially to their household, independent students, and students who are primary carers for a child or family member
- Students in Years 11 and 12 are applying for Access Arrangements and Reasonable Adjustments (AARA) for assistive technology

Supportive Documentation Attached:  Yes  No

## Parent/Carer Declaration

I understand that:

- Exemptions issued will be documented in the student's OneSchool Support Provisions tab and communicated to school staff, including temporary relief staff, including details of how and when a student may access their mobile phone or wearable device.
- The exemption is for the sole purpose as requested.
- Principals will undertake an assessment if the human rights that may be impacted by the decision and consider whether the limit is placed on those human rights is reasonable and justified.
- Where an exemption is not approved and the student or their parent expresses dissatisfaction with the decision, a customer complaint should be made in accordance with the Customer complaint management procedure.

**Parent/Carer signature:**

**Date:**

.....  
SCHOOL USE ONLY

Principal Approved:  Yes

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No

**Reason:**

Not supported by documentation. Further details required.

Not within the scope of the exemption provided in the Department of Education policy.

Other:

Entered on IDAttend (red dot)

Placed in student file

Date: \_\_\_\_\_

DRAFT