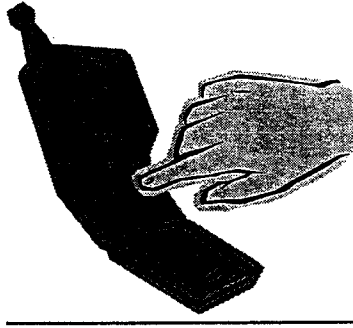


CELL PHONE POLICY



Date: _____

Student's Name (Print): _____

You have been granted permission to have a cell phone in school under the following conditions:

1. The cell phone is always turned off and is locked in the students locker.
2. It is ***not*** to be brought to any class.
3. **NO** calls or text messaging will be made or answered during the school day.
4. Any violation of these responsibilities will result in your permission being revoked, the cell phone confiscated and a parent conference scheduled.



Please fill out and return to Advisory

Cell Phone Permission

Student's Signature: _____

Parent's Signature: _____

Administrative Signature: _____