**Mobile Phone Authorisation Form** (For Year 5 and Year 6 only)

I confirm that my child and I have read, understood and agree to the terms of the Mobile Phone PPD. I give permission for my child’s mobile phone number to be used and stored securely.

Name of Parent/Carer:……………………………………………………

Signed by Parent/Carer:…………………..................... Date: …..……………

I understand that I must not use my mobile phone for any reason whilst on school premises and it should be switched off as I enter the grounds and handed to my class teacher for safekeeping. I understand I will be able to turn it back on when I've left the school grounds. If I do not do this I understand that the result may be my mobile phone privilege being removed.

Name of Pupil: ……………………..……………….. Class:……… …………….

Mobile Phone Number ………………………………………………….

Signed by Pupil: ………..…………………........................ Date: ……………..

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**Office Completion Only**

I understand that the above pupil has read and agreed to the terms of the Mobile Phone PPD and therefore agree that they can have their phone in school.

………..………………….................................................... Date: …..…………

Signed by Kristen Fawcett, Headteacher