



MOBILE PHONE PERMISSION

CHILD'S NAME: _____ CLASS: _____

DATE: _____

Please tick

- I would like my child to bring a mobile phone to school with them on a regular basis
- I will ensure that my child's phone is clearly labelled with their name and class
- I will ensure my child knows how to switch their phone off on arrival at school
- I understand the consequences of my child using their phone inappropriately
- I understand that Brettenham Primary School accepts no liability for the loss or damage to mobile phones which are brought into the school
- If I need to contact my child urgently, I will contact the school office (as their mobile will be switched off during school time)

Signed: _____ Parent/Carer