

Student Name _____ Homeroom _____

Cell Phone Authorization Form

I, _____ authorize my child,
_____ to have a cell
phone with him/her. **It shall be kept inside the book bag and turned off during
the school hours. Any use of the phone during school hours, or any abuse of
this policy, will result in any or all of the following consequences:**

- The phone will be taken away from student.
- A Saturday detention from 7:45am -12:00 noon
- A meeting will be scheduled with parents and Sr. Margaret.

In addition, if a student has a phone without a signed permission slip on file, he/she
will serve also serve a Saturday detention.

Parent Signature: _____

Student Signature: _____

Date Read and Signed: _____

Cell Phone Number _____

Student Name _____ Homeroom _____

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