Dansville CENTRAL SCHOOLS DANSVILLE, NY

Internet-Connected Device/Cell Phone Exemption Request Form

This form is intended for students/families requesting an exemption to the cell phone policy. All requests will be reviewed and approved on an individualized basis.

Student Information

Student Name: _____

Date of Birth: _____ **Grade:** _____

Parent/Guardian Name: _____

Contact Number: _____

Email Address: _____

Reason(s) for Request

(Please check all that apply and provide an explanation below.)

☐ Medical Need
☐ Disability-Based Need
☐ Other: _____

If Other, please describe:

_____

_____

_____

_____

Why the exemption is necessary:

(Explain why the student's need cannot be accommodated without the use of an internet-connected device or cell phone.)

_____

_____

_____

_____

_____

_____

Kelly M. Zimmerman
Superintendent

337 Main Street
Dansville, New York 14437-1199
Phone (585) 335-4000
Fax (585) 335-5047

Jennifer M. Swift
Director of Special Programs

Dansville CENTRAL SCHOOLS DANSVILLE, NY

Alternative Accommodations

(Please list any other ways the identified needs could be addressed without a full exemption. For example: nurse's office phone, main office phone, classroom accommodations.)

_____

_____

_____

_____

Parent/Guardian Signature: _____

Date: _____

Student Signature (if applicable): _____

Date: _____

Thank you for submitting this request. You will be contacted for a meeting to review your request and discuss necessary accommodations.

(For District Office Use Only)

Administrator Review

☐ Approved
☐ Denied

Comments:

_____

_____

Administrator Signature: _____ Date: _____

Kelly M. Zimmerman
Superintendent

337 Main Street
Dansville, New York 14437-1199
Phone (585) 335-4000
Fax (585) 335-5047

Jennifer M. Swift
Director of Special Programs