



CIRCLE PUBLIC SCHOOLS

USD 375 | Thrive In 375

PERSONAL ELECTRONIC COMMUNICATION DEVICE AUTHORIZATION

Kansas House Bill 2299 Compliance Form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	School Year	Parent/Guardian Name	Parent/Guardian Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Student Name	Grade	Date of Birth	

☐ IEP	☐ 504	MEDICAL NECESSITY STATEMENT To be completed by a physician. Reason device(s) are medically necessary to support the health or well-being of the student . Please list alternative interventions considered.
Students who qualify for an exemption through an IEP or Section 504 Plan do not need a separate medical necessity statement.		
Alternative interventions considered: <input type="text"/>		

REQUESTED DEVICE		
☐ Cell Phone	☐ Smart Watch	☐ Tablet
☐ Medical Device w/Communication Feature		
☐ Other:		
DEVICE PARAMETERS/INSTRUCTIONS:		
☐ Carry At All Times	☐ Use Only As Needed	
☐ Other:		
	<input type="text"/>	<input type="text"/>
	Practice	License #
	<input type="text"/>	
	Date	

PARENT/GUARDIAN AUTHORIZATION I request a medical exemption under House Bill 2299 and understand approval applies only for documented medical purposes.	SCHOOL APPROVAL
<input type="text"/>	☐ Approved
<input type="text"/>	☐ Approved with conditions
<input type="text"/>	☐ Denied
Parent/Guardian Signature	Date