



PARENT/GUARDIAN REQUEST FOR STUDENT ACCESS TO A PERSONAL INTERNET-ENABLED DEVICE

During the Regular School Day (Bell-to-Bell)

IMPORTANT: New Jersey law requires personal internet-enabled devices to be powered off and stored for the entire regular school day. Completing this form does not authorize device access. A student may use a personal device only after written approval, and only under the approved conditions. This form must be filled out completely for review.

1. Student and Parent/Guardian Information

Student full name

Student ID #

School

- ☐ Indian Hills High School
☐ Ramapo High School

Grade

- ☐ 9 ☐ 10 ☐ 11 ☐ 12

Parent/guardian full name

Parent Contact

Phone:

Email:

2. Basis for Request (check all that apply)

Select the reason that applies. Requests are reviewed individually; documentation should establish why the personal device is necessary and what access is required.

- ☐ IEP accommodation or assistive technology
☐ Section 504 Plan accommodation
☐ Student health plan or documented health-related need
☐ Translation or communication service
☐ **Student caregiver responsibility** The student is routinely responsible for the care or well-being of a family member.
☐ Access required by law
☐ No reasonable alternative exists for a specific instructional or school-related purpose
☐ **Other emergency-related circumstance** Explain the anticipated need below. Immediate emergencies should be directed to the school's main office.

3. Requested Access and Supporting Information

Briefly describe the educational, medical, accessibility, caregiving, legal, or emergency-related need.

Explain why district-issued technology, the main office, or another reasonable alternative will not meet the need.

Device requested (for example: smartphone, smartwatch, tablet) and function/app required

Requested times, settings, frequency, and duration of access



RAMAPO INDIAN HILLS REGIONAL HIGH SCHOOL DISTRICT

Check off any supporting documentation you are providing OR Indicate that school has the documentation on record:

- ☐ My child's IEP supports this request
- ☐ My child's 504 Plan/Health Plan supports this request
- ☐ Medical documentation is attached to this form
- ☐ Caregiving verification is attached to this form
- ☐ Legal documentation is attached to this form
- ☐ Other documentation is attached to this form

4. Parent/Guardian Acknowledgment

I understand that: (1) this request does not guarantee approval; (2) any approval will be limited to the documented purpose and written conditions; (3) the device must otherwise remain powered off and stored; (4) the student may not photograph, record, message, browse, or use other functions unless expressly authorized; (5) approval may be reviewed, revised, or revoked if the need changes or the device is misused; (6) I will notify the school if the need changes; (7) by typing our names below, we acknowledge that we understand the above points and that our typed names serve as our individual electronic signatures.

Parent/guardian Name

Date

Student Name

Date