

<u>Electronic Device Referral Form</u> (Please complete the form and return device in envelope in person to appropriate house)



Student Name:
(Please print)
Date: Time:
Teacher Name:
(Please print)
Teacher Comments (Optional):
<u> </u>
Returned to House (Please circle): Blue Green Gold Silver
Received by:
(Signature)
Date: Time:
House Principal:(Signature)
(Signature)
Parent/Guardian:
I understand that cell phones and all devices with picture taking and/or recording capabilities are prohibited as per Code of Conduct in the Parent/Student Handbook.
Parent/Guardian:
(Signature)
Date:
(For office use only) *Please return this form with Electronic Device Envelope to teacher mailbox.