

Date

## Mobile Phone Request

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			Parents/Guardian's Address
My c scho	hild ol on the following dates:	in class	needs to carry a mobile phone to
Date	s:		inclusive.
This	request is being made for the fo	llowing reason/s:	
	Yes, my child is aware of th	e current Mobile Ph	one Guideline.
	I understand and accept that being brought to school.	at the school does n	ot accept any liability for valuable items
Pare	nt/Guardian's Name:		Contact No:
Sign	ature:		_
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St Ki	ieran's Catholic School, Manly V	/ale	
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Date	s:		inclusive.
This	request is being made for the fo	llowing reason/s:	
	Yes, my child is aware of th		one Guideline.
	I understand and accept that the school does not accept any liability for valuable items being brought to school.		
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