

**REQUEST FOR PRINCIPAL'S APPROVAL FOR STUDENT
USE OF GPS BRACELET/DEVICE**

Please Print:

Student Full Name _____

Student ID Number _____ School Name _____

Parent or Guardian Name _____

Type of Device _____ How worn/read? _____

I request that my child, whose name appears above, use the above-referenced device at school and on school property, and I state the following:

1. Because the above device offers certain recording, transmission, and/or communication features, sometimes described as "1-way voice", "listen-in", or "2-way voice," the school is justifiably concerned that such may invade the privacy of other students and affect the rights of others. Such features are collectively referred to as "Communication Features."
2. I agree that my child will wear or use his or her device with all Communication Features disabled during the school day and, if applicable, while on the school bus. As his or her parent, I will manage the Communication Features and take reasonable steps to ensure that they are disabled, as required herein.
3. I acknowledge that the school is not responsible for the device, including in the event that it is damaged, lost, or stolen.
4. I agree that if any provision of the above is violated, the device will no longer be permitted at school. It is my responsibility in the future to provide a copy of this document to my child's school of attendance prior to the first day of classes, each school year.
5. I have read, understand, and agree to comply with all of the above.

Parent or Guardian Signature _____ Date _____

FOR OFFICIAL USE ONLY

Principal Approved Denied Date Received _____

Principal Signature _____ Date _____

cc: Student Scholastic Record
Parent or Guardian