

**ASSUMPTION SCHOOL**  
**CELL PHONE USAGE FORM**  
**SCHOOL YEAR 2023-2024**

I acknowledge that my child has a cell phone at Assumption School and I understand that he/she is to have the cell phone turned off during the school day. I understand that my child may not make or receive phone calls or texts during the school day. I understand that my child is to turn in their phone to their teacher at the start of the school day and will be returned at dismissal. I also understand that my child's phone will be confiscated if my child abuses this privilege.

PLEASE PRINT ALL INFORMATION

\_\_\_\_\_  
Parents name (print)

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Student's name (print)

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Grade A/B

\_\_\_\_\_  
Student's name (print)

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Grade A/B

\_\_\_\_\_  
Student's name (print)

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Grade A/B

\_\_\_\_\_  
Student's name (print)

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Student's signature

\_\_\_\_\_  
Grade A/B