



Saint Patrick School

2025-26

Cell Phone Storage Request

Date submitted: _____

Child's name: _____ Grade: _____

Please justify why your child needs to bring their phone to school to be stored in the front office.

Child's name: _____ Grade: _____

Please justify why your child needs to bring their phone to school to be stored in the front office.

Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____

Teacher's signature(s): _____

Principal's signature: _____