

# Hawthorne Scholastic Academy

## APPLICATION FOR CELL PHONE USE

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

*Please check the appropriate reason that apply to your child.*

\_\_\_\_\_ 1. When the student's IEP requires a CTD for medical or educational reasons

\_\_\_\_\_ 2. For a student whose parent, guardian, or other close family member is hospitalized or is dependent on the student

\_\_\_\_\_ 3. When a student travels a long distance to school

\_\_\_\_\_ 4. When the parent believes a CTD is need to keep the student safe

\_\_\_\_\_ 5. When the parent can make a reasonable showing of good cause

*Please state reason:*

---

---

---

---

**I have read the CPS policy on the use of CTDs and understand  
Hawthorne's Rules and Regulations.**

\_\_\_\_\_  
**Parent's Name**

( ) \_\_\_\_ - \_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**