

NLSchools refers to all public K-12 English schools under the jurisdiction of the Department of Education, Education Operations Branch and all employees providing services and supports to such schools, including those who work in school facilities, student transportation, program implementation, student services, and procurement.

Personal Electronic Device Exception Application

Students and Parents/Guardians

The Department of Education (the department) recognizes that personal electronic devices create significant distractions in school, resulting in decreased focus and performance and overall disengagement. Frequent use of personal electronic devices (PEDs) hinders the development of crucial social skills such as communication and empathy, due to decreased face-to-face interactions. They are also a catalyst for cyberbullying through social media. Excessive use of PEDs may also negatively impact mental health by increasing anxiety and depression and contributing to a sedentary lifestyle with less physical activity and interaction.

The Responsible Student Use of Personal Electronic Devices Policy (the Policy) is aimed at reducing the impact of inappropriate PED usage on class learning and creating a more conducive learning environment that promotes social and emotional development, and safeguarding students' well-being.

The Department of Education recognizes that some students may require the use of a PED to support their medical management and/or educational requirements. In cases where this requirement has already been identified and/or documented for the student (i.e., Diabetes Management Plan, Anaphylaxis Management and Emergency Plan, and/or Individual Education Plan) the continued use of the PED for such purposes will be permitted under the Policy. Where a parent/guardian feels that their child requires a PED for reasons that have not been previously identified and/or documented, they must complete the **Personal Electronic Device Exception Application** and submit it to the school administrator for approval.

Personal Electronic Device Exception Application

For completion by Parent/Guardian

Student Name: _____ DOB: _____

Address: _____

Parent/Guardian Name: _____

Address: _____

Contact number: _____

School: _____

School Year: _____ Grade/Level: _____

Room/Class: _____ Teacher: _____

I request permission for my child to have access to their PED during instructional hours for the following reasons, please check all that apply:

For Medical Reasons,

- Glucose monitoring
- Hearing aid control
- Anaphylaxis (where medically necessary)
- Other Medical Reasons (please provide details):

Device Type and Application: _____

Parent Name: _____ Signature: _____
(Please Print)

Date: _____

School Use Only

- The request to use PED during instructional hours is hereby granted.

Principal's Name: _____ Principal's Signature: _____
(Please Print)

Date: _____
