LOMA VERDE ELEMENTARY SCHOOL

CELL PHONE PERMISSION FORM 2026-2027

1450 Loma Ln., Chula Vista, CA 91911 (619) 420-3940 lomaverdeschool@cvesd.org

Name of student_____ Grade_____

Name of person submitting this application_____

Address_____ Telephone_____

Name of teacher_____ Room_____

CVESD CELL PHONE POLICY SUMMARY (BP 5131.8) Our school follows California's Phone-Free School law. Cell phone use is limited during the school day to help students stay focused, reduce distractions, and support healthy technology habits. Phones may only be used for: emergencies, health needs or IEP/504 plans, teacher-approved instructional use.

PARENT/GUARDIAN REQUEST

Please read each section with your child. Initial each line, then sign and date this form. Permission is granted only after approval from the School Administrator.

I request permission for my child to bring a cell phone to school this year. Parent/Guardian Initial: _____

I understand my child must follow all rules. If not, cell phone privileges will be taken away. Initial: _____

CELL PHONE RULES

- Phones must be **turned off when on campus** and **given to the teacher** at the start of the day. Initial: _____
- During non-class time, phones may only be used to **receive calls from parents/guardians with staff permission**. Initial: _____
- **No photos or videos** may be taken on campus or shared/posted on social media. Initial: _____
- The school is **not responsible** for lost, stolen, or damaged phones. Initial: _____

IF RULES ARE NOT FOLLOWED

- Staff may ask the student to **turn off and put away the phone, or take it to the office**. Initial: _____
- The phone will be **returned to a parent/guardian**, and the school will contact them. Initial: _____
- The student may **lose permission** to have a phone at school or school events. Initial: _____

SIGNATURES

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

___ Approved

___ Denied/Revoked (Reason)