

Request for Principal's Approval for Student Use of GPS Bracelet/Device

Student's Name:	Date submitted:
Type of Device:	How worn/read:
I ask for you, as the principal, to permi above-referenced device at school and on scl	it my child, whose name appears above, to use the hool property, and I state the following:
	d as "1-way voice," "listen-in," or "2-way voice," the invade the privacy of other students and affect the
Features disabled during the school day and,	se his or her device with all Communication if applicable, while on the school bus. As his or Features and take reasonable steps to insure that
3. I acknowledge that the school is not that it is damaged, lost or stolen.	ot responsible for the device, including in the event
	above is violated, the device will no longer be he future to provide a copy of this document to my lay of classes, each school year.
5. I have read, understand, and agre-	e to comply with all of the above.
Parent's Name	Parent's Signature
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To Be Comple	eted by the School
Accepted/Approved by:	
Principal	Date