

LLT Academy

Cell Phone Check-In Request Form

Student Name: _____

Parent Signature: _____

Parent Email: _____

My child is requesting to check their cell phone in at the school office for the following reason:

They ride Door to Door or Children's First Academy or another transportation vendor service.

Indicate additional transportation vendor service: _____

They are participating in a sport & they need to have their cell phone on game days.

Sport: _____ Mrs. Clemmer's Initials: _____

Time Frame: _____

We have an extenuating circumstance that requires my child to have their cell phone. Explain:

-----OFFICE USE ONLY-----

Request approved by Mrs. Logan: _____

Request denied for the following reason:

