



ADMINISTRATOR OF STUDENT AFFAIRS

Cell-Phone Liability Waiver Form

I, _____, am the parent/legal guardian of _____, a student at SiFA Learning Academy Charter School. I hereby acknowledge and agree to the following terms and conditions regarding the use and possession of a cell phone by my child on school premises and during school-related activities:

Liability Acceptance: I accept full liability for any damages, losses, or claims that may arise from my child's possession or use of the cell phone while on school premises or during school-related activities. This liability includes, but is not limited to, any accidental damage, theft, loss, or misuse of the cell phone.

School Responsibility: SiFA Learning Academy Charter School and its staff will make reasonable efforts to ensure the safekeeping of the cell phone while it is held in the main office. However, the school shall not be held responsible for any damage, loss, theft, or misuse of the cell phone.

Cell-Phone Identification: I will label the cell phone with my child's name and contact information to facilitate identification in case of loss.

I have read and understand the terms and conditions of this Cell-Phone Liability Waiver Form and understand that this form also applies to other electronic devices that are prohibited during school hours.

Parent/Guardian's Signature: _____

Date: _____

Student's Full Name: _____

*****Please ensure that devices are properly labeled with the student's name and homebase section.**