



Nambucca Heads Public School

Providing The Best Possible Education For Every Child

A Member Of the Nambucca Valley Community Of Public Schools

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Application to hold an Electronic Device at School

My child _____ of class _____

is required to carry his/her electronic device at my request for _____

Device Name / Type _____

Device Manufacturer _____

Colour _____

Thank You

Parent Name : _____

Parent Signature: _____

Date _____