



South Devon Steiner School

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Mobile Device Permission

This is to confirm that

_____ Class _____
Student name

has been given permission to use the following device

Device description

– in-line with the ICT AUP incl BOYD –

as follows:

Date, time, ongoing or until further notice

due to the following project or for general use

Describe purpose of privilege

This privilege may be revoked at any time.

_____ Date _____
Staff name & signature

Copy for pupil file provided to office.