



Holy Name School  
850 Pearce Street • Fall River, Massachusetts 02720  
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Dr. Patricia M. Wardell, Principal  
Rev. Jay T. Maddock, Director

Date: \_\_\_\_\_

### Cell Phone Permission Form

Name Of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

I hereby give permission for my child to bring a cell phone to school. I understand that the cell phone will be collected in the morning, placed in a locked drawer in Mrs. Chippendale's office during the day, and returned to my child at 2:20 p.m. for dismissal. However, if my child is staying after school for any reason it will be held until my child leaves the premises for the day.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Holy Name School provides a Catholic education within an atmosphere of academic excellence. While providing Catholic values, students are challenged to do their best, to nurture their gifts and talents, and to develop curiosity, creativity, and critical thinking.

Holy Name School strives to produce confident, competent, and caring individuals who can work cooperatively, show respect for one another, and who demonstrate an understanding and appreciation of Catholic values.

Accredited by the New England Association of Schools and Colleges

