Aspire Public Schools Policy Regarding Cell Phones, Smartphones, Pagers & Other Electronic Signaling Devices

The Aspire Public Schools ("Aspire") Board of Directors recognizes the potential for cell phones, smartphones, pagers, and electronic signaling devices (hereinafter collectively referred to as "private devices") to disrupt the learning environment and impact student mental health and well-being. The Board adopts this Policy to implement a "Smartphone-Free School Day" and to permit students to possess, but not use, private devices while on school grounds, at school-sponsored activities, or under the supervision of Charter School employees, except as otherwise provided in this Policy.

I. DEFINITION OF PRIVATE DEVICES For the purposes of this policy, "Private Devices" refers to cellular smartphones, pagers, and ancillary devices that provide similar functionality, including, but not limited to, smartwatches (*e.g.*, Apple Watch), earbuds, wireless headphones, and smart glasses (*e.g.*, Meta Glasses).

II. GENERAL POLICY & STORAGE GUIDELINES In accordance with the Smartphone-Free School Day initiative, strict adherence to storage protocols is required to maintain a safe and focused learning environment.

1. **Storage:** Students who possess any Private Device must always keep it **turned off and stored** in:
    - The student's backpack; OR
    - A Designated Storage Product (*e.g.*, lockable pouch, Velcro/magnetic pouch, classroom phone holder), as determined by the School Site Leadership.
2. **Visibility:** Private Devices must remain out of view and powered off during the entire school day.
3. **Permitted Use:** Private Devices may **only** be used:
    - Off-campus before or after school.
    - Before or after any Aspire-sponsored activity occurring before or after the regular school day.
    - When an Exception applies, as per this Policy (See Section III, below).
    - In the case of an emergency or in response to a perceived threat of danger, unless explicitly addressed in a comprehensive school safety plan adopted by the Board pursuant to CA Education Code Section 32282
4. **Extracurriculars:** Extracurricular trips and excursions are considered instructional time. Therefore, Private Devices must remain stored in a Designated Storage Product during extracurricular trips and excursions unless the Principal or supervising teacher explicitly authorizes use.

III. DISCRETIONARY EXCEPTIONS: An exception to this policy may be granted by the site administrator for the following specific purposes. All exceptions must be documented and approved by the Principal.

1. **Medical Necessity:** When a licensed physician and surgeon determines that the possession or use of a private device is necessary for the health or well-being of the student.
2. **IEP/Section 504:** When the possession or use of a private device is required in a student's Individualized Education Program ("IEP") or Section 504 Plan to support the student's unique needs.
3. **English Learners:** For English Learners at Level 1 or 2 to assist with translation. Use is restricted to specific class activities as defined by the teacher and must not disrupt class time.
4. **Foster Youth:** For students in foster care who utilize Third Party Transportation services (*e.g.,* HopSkipDrive, EverDriven) for transportation. Access is strictly limited to communicating with Third Party Transportation drivers at dismissal or contacting caregivers regarding ride cancellations.
5. **Educational/Instructional Use:** When an Aspire teacher or administrator grants permission to a student to possess or use a Private Device, subject to any reasonable limitation imposed by that teacher or administrator.

IV. IMPLEMENTATION & DISCIPLINARY GUIDELINES Support for students will align with the Aspire's discipline policies and utilize Positive Behavior Intervention and Support (PBIS) and Restorative Practices (RP). Enforcement shall focus on correcting behavior and supporting student well-being rather than punitive measures alone.

Progressive Intervention Steps: Possession of Private Devices is a privilege, which may be forfeited by any student who fails to abide by the terms of this Policy.

1. **Verbal Reminders:** Staff shall issue verbal reminders to students to turn off and store devices.
2. **Administrator Referral:** Referral to the administrator designee for a conversation regarding this policy and student needs.
3. **Parent Notification:** Contacting the parent/guardian to review the "Smartphone-Free School Day Policy" with the student.
4. **Parent Meeting:** Required in-person meetings with the parent/guardian for repeated violations.
5. **Confiscation:** If a private device is heard ringing, beeping, or buzzing (or seen in use) from inside a jacket, purse, backpack, or other similar article, an Aspire employee may remove and confiscate the private device consistent with the provisions of Section VI of this Policy. All confiscated devices will be securely stored in a safe location as determined by the administrative team.

In addition to this Policy, all other applicable student discipline policies and rules (*e.g.*, CA Education Code, Aspire Family and Student Handbook, Aspire Board Policies, and the relevant

Aspire school's applicable charter) shall apply to any student who fails to comply with the requirements of this Policy.

V. MENTAL HEALTH SUPPORTS To assist students in transitioning to a smartphone-free environment, Aspire will provide the following mental health and social supports:

- **Engaging Activities:** Structured activities offered during nutrition and lunch to encourage peer interaction.
- **Support Staff:** Access to school mental health providers and counseling staff.
- **Wellness Spaces:** Access to Wellness Rooms (where available) with engagement activities.
- **Groups & Clubs:** Student support groups and school clubs to foster connection without devices.

VI. STAFF RESPONSIBILITIES, CONFISCATION & LIABILITY To ensure the secure handling of confiscated items and protect staff liability:

1. **Confiscation Procedure:**
    - **Secure Location**: Aspire schools must establish a secure, locked location for confiscated property.
    - **Logging:** A log must be maintained noting an accurate description of the device, the student's name, the date/time of confiscation, and the staff member responsible.
    - **Access:** Access to the secure storage location shall be limited to an administrator or specific designee.
    - **Return of Property:** Parents/guardians will be contacted to pick up any confiscated private devices at the end of the regular school day or at the conclusion of a Charter School-sponsored activity.
2. **Liability:** Students who possess any Private Device(s) shall assume sole responsibility for the maintenance and care of any such private device(s). An employee acting within the scope of their duties to enforce this policy is **not responsible** for the replacement of lost, stolen, or damaged private devices. At no time shall Aspire, its employees, Board Members, or volunteers be responsible for preventing theft, loss, or damage to any Private Devices brought onto campus or at Aspire-sponsored activities.
3. **Annual Notification:** Students and parents/guardians shall be advised of this Policy annually.

Aspire Public Schools Policy Regarding Cell Phones, Smartphones, Pagers & Other Electronic Signaling Devices

ATTACHMENTS:

Attachment A	Confiscated Devices Log – Optional
Attachment B	Request for Smartphone English Learner Accommodation
Attachment B1	Request for Smartphone English Learner Accommodation – Spanish
Attachment C	Request for Smartphone Medical Exemption Accommodation
Attachment C1	Request for Smartphone Medical Exemption Accommodation – Spanish
Attachment D	Request for Smartphone for Students in Out of Home Foster Care Accommodation
Attachment D1	Request for Smartphone for Students in Out of Home Foster Care Accommodation – Spanish

Confiscated Devices Log – Optional

Student Name: _____ Grade: _____ Date: _____

Confiscated by (Name): _____ Time: _____

Given to (Name): _____ Position: _____

☐ Smartphone ☐ Smart Watch ☐ Smart Glasses ☐ Wireless Headphones

☐ Other: _____

Device Description/Serial Number: _____

Released by (Name): _____ Date: _____ Time: _____

Received by: ☐ Student ☐ Parent (Name): _____

☐ Other (Name): _____ Signature: _____ Date: _____

Notes: _____

_____

Student Name: _____ Grade: _____ Date: _____

Confiscated by (Name): _____ Time: _____

Given to (Name): _____ Position: _____

☐ Smartphone ☐ Smart Watch ☐ Smart Glasses ☐ Wireless Headphones

☐ Other: _____

Device Description/Serial Number: _____

Released by (Name): _____ Date: _____ Time: _____

Received by: ☐ Student ☐ Parent (Name): _____

☐ Other (Name): _____ Signature: _____ Date: _____

Notes: _____

_____

ATTACHMENT B

ASPIRE PUBLIC SCHOOLS POLICY BULLETIN

Request for Smartphone Accommodation
English Learner Student

School Name: _____ Date: _____

Principal Name: _____

Student Name: _____ DOB: _____ Grade: _____

REQUEST SMARTPHONE ACCOMMODATION: I am requesting permission for my child to use the cell phone for translation purposes. I agree with the following:

- The teacher(s) will implement a reasonable time limit (e.g., 1-2 minutes) for translations to ensure it doesn't disrupt class time,
- The teacher(s) will observe how often my child uses the cell phone for translation and provide assistance, if needed, especially when struggling with language barriers,
- The cell phone can be used during specific class activities or when encountering difficult vocabulary but will be restricted during exams or group discussions to maintain engagement.

_____	_____	_____
Parent/Guardian Name (please print)	Signature	Date
_____	_____	_____
Principal Name	Signature	Date

Approval _____ Yes _____ No

(Please provide reason for denial.)

ATTACHMENT B1

ASPIRE PUBLIC SCHOOLS
POLICY BULLETIN

Solicitud de Approvación para el uso del Teléfono Inteligente
Estudiante de Inglés

Nombre de la escuela: _____ Fecha: _____

Nombre del director/directora: _____

Nombre del estudiante: _____ Fecha de Nacimiento: _____ Grado: _____

SOLICITUD DE APROBACIÓN PARA EL USO DEL TELÉFONO INTELIGENTE: Solicito permiso para que a mi hijo(a) se le permita usar el teléfono inteligente para fines de traducción. Yo estoy de acuerdo con lo siguiente:

- Los maestros implementarán un límite de tiempo razonable (por ejemplo, 1-2 minutos) para las traducciones para garantizar que no interrumpa el tiempo de clase;
- Los maestros observarán la frecuencia con la que mi hijo(a) usa el teléfono para traducir y brindarán asistencia si es necesario, especialmente cuando tenga dificultades con las barreras del idioma;
- El teléfono inteligente se puede usar durante actividades específicas de clase o cuando se encuentre vocabulario difícil, pero debe restringirse durante exámenes o discusiones grupales para mantener la participación.

Nombre del padre/tutor (imprimir)	Firma	Fecha

Nombre del director(a)	Firma	Fecha

Aprobación: _____ Si _____ No

(Proporcione el motivo del rechazo.)

ATTACHMENT C

ASPIRE PUBLIC SCHOOLS
POLICY BULLETIN

Request for Medical Exemption
Student Smartphone/Electronic Device

In general, students are not permitted to possess/use a personal smartphone or electronic device powered on during the school day/bell schedule hours. If you feel that your child needs to have access to their personal cell phone or electronic device for their health or well-being, please complete and return this form to the school nurse for review.

1. Name of Student: _____ Gender: _____ D.O.B: _____
2. Name of School: _____ Grade: _____
3. Parent Contact Information

   Name of Parent/Legal Guardian: _____

   Home Phone: _____ Work Phone: _____ Cell Phone: _____

   Street Address: _____

   City: _____ State: _____ Zip Code: _____
4. Medical Provider (California Licensed MD / DO / NP / PA)

   Medical Provider (providing care to the student for the condition for which services are requested) Name and Title: _____

   Medical Provider Address: _____

   Medical Provider Phone Number: _____

   Name of Supervising Physician (NP / PA): _____

Acknowledgment/Release: By my signature, I authorize the release and exchange of medical information between the medical provider(s) listed on this form or his/her designee and school personnel. My signature provides the medical provider(s) with the authorization necessary to disclose protected health information and records regarding said student. This authorization may be withdrawn at any time in writing and, if withdrawn, may affect the status of the request.

Please note: This form, including parental permission to contact the treating medical provider must be fully completed in order for the student to be considered for this exemption request.

Parent Signature: _____ Date: _____

I/we (parent/guardian) request permission for a smartphone/electronic device exemption for _____ (student name). If approved, we understand that the smartphone/electronic device must be used by the student only as indicated by the medical provider below.

Parent Signature: _____ Date: _____

I understand that completion of this application does not constitute or guarantee any exemption from Los Angeles Unified School District Smartphone Policy. I acknowledge that if my exemption is approved, I will be permitted to use my personal electronic device as indicated by the medical provider below.

Student Signature: _____ Date: _____

This section is to be completed by a medical provider (California Licensed MD / DO / NP / PA) providing medical care for the condition.

Explain exactly what activities you expect the student to need a smartphone/electronic device for during the school day that is necessary for the health or well-being of the student:

Medical Provider Name & License #: _____

Medical Provider Signature: _____ Date: _____

********** **SCHOOL PERSONNEL ONLY** **********

☐ Form submission received and acknowledged

School Nurse Signature: _____ Date: _____

Once acknowledged, please provide a copy of this form to the school principal, the student's teacher, and the parent/legal guardian. File the original in the student's health record card.

SOLICITUD DE EXENCIÓN MÉDICA
Teléfono Celular/Dispositivo Electrónico del Estudiante

En general, no se permite que los estudiantes posean o utilicen un teléfono inteligente o dispositivo electrónico personal encendido durante el horario escolar o el horario de clases. Si considera que su hijo necesita tener acceso a su teléfono inteligente o dispositivo electrónico personal para su salud o bienestar, complete y devuelva este formulario a la enfermera de la escuela para su revisión.

1. Nombre del estudiante: _____ Género: _____ Fecha de nacimiento: _____
2. Nombre de la escuela: _____ Grado: _____
3. Información de contacto de los padres _____

   Nombre del padre/tutor legal: _____

   Teléfono del hogar: _____ Teléfono del trabajo: _____ Teléfono móvil: _____

   Dirección del domicilio: _____

   Ciudad: _____ Estado: _____ Código postal: _____

4. **Proveedor médico (MD / DO / NP / PA con licencia en California)**

   Proveedor médico (que brinda atención al estudiante para la condición por la cual se solicitan los servicios) Nombre y título: _____

   Dirección del proveedor médico: _____

   Número de teléfono del proveedor médico: _____

   Nombre del médico supervisor (NP / PA): _____

Reconocimiento y Divulgación: Con mi firma, autorizo la divulgación e intercambio de información médica entre el proveedor(es) médico(s) que figuran en este formulario o su designado(s) y el personal de la escuela. Mi firma proporciona al proveedor(es) médico(s) la autorización necesaria para divulgar información médica protegida y los registros relacionados con dicho estudiante. Esta autorización puede ser revocada en cualquier momento por escrito y, si se revoca, puede afectar el estado de la solicitud.

Tenga en cuenta: Este formulario, incluido el permiso de los padres para comunicarse con el proveedor médico tratante, debe completarse en su totalidad para que el estudiante sea considerado para esta solicitud de exención.

Firma del padre: _____ Fecha: _____

ASPIRE PUBLIC SCHOOLS
POLICY BULLETIN

Yo/nosotros (padre/tutor) solicito permiso para una exención para el uso del teléfono inteligente/ dispositivo electrónico _____ (nombre del estudiante). Si se aprueba, entendemos que el teléfono inteligente/dispositivo electrónico debe ser utilizado por el estudiante únicamente según lo indicado por el proveedor médico a continuación.

Firma del padre: _____ Fecha: _____

Entiendo que el completar esta solicitud no constituye ni garantiza ninguna exención a la política de teléfonos inteligentes del Distrito Escolar Unificado de Los Ángeles. Reconozco que, si se aprueba la exención, se me permitirá utilizar mi dispositivo electrónico personal según lo indicado por el proveedor médico a continuación.

Firma del estudiante: _____ Fecha: _____

Esta sección debe ser completada por un proveedor médico (MD / DO / NP / PA con licencia de California) que brinde atención médica para la condición:

Explique exactamente para qué actividades se espera que el estudiante necesite el teléfono celular/dispositivo electrónico durante el día escolar que sea necesario para la salud o el bienestar del estudiante:

Nombre del proveedor médico y número de licencia: _____

Firma del proveedor médico: _____ Fecha: _____

********** **PERSONAL ESCOLAR SOLAMENTE** **********

☐ Envío del formulario recibido y confirmado

Firma de la enfermera escolar: _____ Fecha: _____

Una vez que se haya recibido la confirmación, proporcione una copia de este formulario al director de la escuela, al maestro del estudiante y al padre/tutor legal. Guarde el original en la tarjeta de registro de salud del estudiante.

ATTACHMENT D

ASPIRE PUBLIC SCHOOLS
POLICY BULLETIN

Request for Approval of Smartphone Accommodation
Students in Out of Home Foster Care

School Name: _____ Date: _____

Principal Name: _____

Student Name: _____ DOB: _____ Grade: _____

REQUEST FOR SMARTPHONE ACCOMMODATION: As a caregiver for a student in out-of-home foster care, I am requesting permission for them to access their personal smartphone or electronic device during the school day. This access will allow them to contact caregivers to cancel or reschedule rides with HopSkipDrive (HSD), per the cancellation policy. I agree with the following:

- The teacher(s) will allow a reasonable time frame (e.g., 1-2 minutes) for the student to access their smartphone or electronic device to contact a caregiver to cancel or reschedule a ride with HSD. The teacher(s) will determine a time to make the call that is the least disruptive to the class time.

Parent/Guardian Name (please print)	Signature	Date

Principal Name	Signature	Date

Approval _____ Yes _____ No

(Please provide reason for denial.)

ATTACHMENT D1

ASPIRE PUBLIC SCHOOLS
POLICY BULLETIN

Solicitud para la aprobación de la adaptación del use de teléfonos inteligentes
Estudiantes en Adopción Temporal Fuera del Hogar

Nombre de la escuela: _____ Fecha: _____
Nombre del Director: _____
Nombre del estudiante: _____ Fecha de nacimiento: _____ Grado: _____

SOLICITUD PARA LA ADAPTACIÓN DE TELÉFONOS INTELIGENTES: Como encargado del cuidado de un estudiante en adopción temporal fuera del hogar, estoy solicitando permiso para que mi estudiante pueda acceder a su teléfono inteligente o dispositivo electrónico personal durante el día escolar. Este acceso le permitirá contactar a los encargados de su cuidado para cancelar o reprogramar servicios de transporte con HopSkipDrive (HSD), según su política de cancelación. Estoy de acuerdo con lo siguiente:

- El/los maestro(s) permitirá(n) un plazo razonable (por ejemplo: 1-2 minutos) para que el estudiante acceda a su teléfono inteligente o dispositivo electrónico y se comunique con el encargado de su cuidado para cancelar o reprogramar el servicio de transporte con HopSkipDrive (HSD). El/los maestro(s) determinará(n) la hora de la llamada que menos perturbe el desarrollo de la clase.

Nombre del padre/tutor legal (en letra imprenta)	Firma	Fecha

Nombre del Director	Firma	Fecha

Aprobado: _____ Sí _____ No

(Por favor, indicar el motivo de la denegación).