



Cobb Middle School

(2020 – 2021) Cell Phone & Other Devices Retrieval Form

Student's LAST Name: _____

Student's FIRST Name: _____

Grade Level: _____

Teacher/Staff: _____ Period: _____

Description of Cell Phone or Other Device: _____

Any Previous Damage?: _____

Parent Name: _____

Phone #: _____ Contact Made w/Parent?: Yes No

Date of Parent Contact: _____

Cell Phone or Other Device was retrieved for the following reason:

_____ Texting or Talking on Phone _____ Policy Violation

_____ Phone was Disrupting Class/Ringing in Class _____ Other: _____

_____ Previously warned about Phone/Device _____

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**(MAIN OFFICE Use Only - Please do not write below this line.)**

All Cell Phones & Other Devices need to be submitted to the MAIN OFFICE by the TEACHER.)

Device Pick-Up(Parent/Guardian Name): \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Pick-Up: \_\_\_\_\_ Time of Pick-Up: \_\_\_\_\_

\*MAIN OFFICE Staff Member Name: \_\_\_\_\_

\*MAIN OFFICE Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you!*