**Brownsville Independent School District**

**Student Cell Phone Oath**

**CAMPUS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM**: **\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_**

**Test Administrator (TA):** Read aloud **WORD FOR WORD** the statements printed in the box below. Repeat/explain as needed. **Brownsville ISD Electronic Device Advisory Statement**

***It is important that you read and sign the cell phone oath. Cell phones or electronic devices are not allowed in the testing site. If it is discovered that you kept a cell phone or electronic device with you during testing, the following may apply:***

*\* The cell phone or other electronic device(s) can be confiscated on the spot and given to the principal.*

*\* An investigation will then be conducted to determine if the cell phone or device was used during testing.*

*\* Disciplinary actions will be decided at the campus level and if needed at the district level.*

*\* This includes the invalidation of the test.*

**Print** your name and **initial** in ONLY **ONE** of the columns below to indicate your cell phone or electronic device status.

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| --- | --- | --- | --- | --- |
| **LAST NAME** | | **FIRST NAME** | **I DO NOT HAVE A CELL**  **PHONE(S) OR ELECTRONIC DEVICE(S) WITH ME.**  **INITIAL** | **MY CELL PHONE(S) AND/OR ELECTRONIC DEVICE(S) HAS/HAVE BEEN TURNED OFF AND GIVEN TO THE TEST**  **ADMINISTRATOR. I UNDERSTAND THEY WILL BE RETURNED TO ME AT THE END OF TESTING.**  **INITIAL** |
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