

Hot Spot Request Form

Crayton Middle School

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

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Parent/Guardian requesting the Hot Spot: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # 1 \_\_\_\_\_ Phone # 2 \_\_\_\_\_

-----\* TO BE FILLED OUT BY STAFF \*-----

Device Type and #: \_\_\_\_\_

Date of distribution: \_\_\_\_\_

School signature: \_\_\_\_\_

\*You may come to Crayton to fill out a form or download and fill out your own. Please return to Crayton's Main Office during school hours.\*