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School Level iPad App Request Form

This form must be filled out in its entirety, and approved, prior to submitting a request in the ticketing system.

Administrator approval does not ensure the application will be purchased or installed.

1. App Information

Name of app: _____ Date:(__/__/____)

Cost (per app): _____ Number of Installations requested: _____

Total Cost: _____

Where are the funds coming from? _____

2. Pre-requisite Checklist

___ This app serves a valid educational purpose

___ This purpose cannot be served by apps already installed on the iPad

___ There is no way for the students to access questionable/objectionable material via this app

___ This is not a trial app that will expire or a subscription based app

___ This app will not violate any privacy or security regulations

3. Why is this app necessary for classroom instruction?

4. Approval for request

Administrator: _____