Request for App Purchase

*Directions: All purchased Apps added to any iPad must go through this process. Fill in the information below (one form for each App request) and take to your supervisor for approval. Once approved, take this form to your App facilitator.

Name: ____________________________________________________________

Building: ____________________________ Grade Level: ________________

Is this App going to be on multiple iPads?   Yes   No   If so, how many ______________

App to be loaded on (check all that apply):

___ Staff iPad (If not for individual listed above, please list name/s and location/s on back of this form.)

___ Classroom iPad Set (Student used iPads managed by configurator)

___ Individual Student iPad: Student Name: __________________________________________

   Individual Student Apple ID: __________________________________________

___ Cart

   Cart Name: __________________________________________

Title of App: __________________________________________

Number to be purchased: _______ Cost per App: $___________ Total Cost: $___________

Justification for App: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Funding Source: __________________________________________

Requestor’s Signature: _________________________ Date: ________________

App approved:   Yes   No

Supervisor’s Signature: _________________________ Date: ________________