

TCS D PAID APP REQUEST FORM

Teachers wishing to purchase iPad Apps using School/District Funds should review and complete this form and submit it to your building principal for approval. Email Form to kcounce@tcsk12.com.

1. Teacher's Name: _____

Email Address: _____

2. Subject Area Taught/Grade: _____

3. Exact App Name: _____

4. Cost of App: _____

5. Amount of Licenses Needed: _____

6. Who will use this app?

7. Are there any other Teachers that have talked about using this App?:

8. Describe Educational Value/Purpose of the App Requested:

9. Have you searched for an alternative App that is free?

Yes, thoroughly

Not really

Yes, a little

No, I need some help with this

10. PURCHASE ORDER NUMBER (**REQUIRED**): _____

Please print and submit this form to your Building Principal for approval.

Principal Signature

Date