


WALLINGFORD SWARTHMORE
SCHOOL DISTRICT

iPad App Request Form

School/Dept.:

Requestor:

Date:

Directions: When requesting iPad apps please be sure to fill in all columns listed below and the total cost before gaining your principal's signature for approval. No apps can be installed on the iPads without prior approval. **Please allow at least 3 days lead time, from the date of approval, for app installation requests.**

App Name	Version	Size	Qty	Unit Cost	Total Cost	Which Cart or Meraki?	Educational Justification	Administrative Sign Off
								<hr style="border: 0.5px solid black;"/> Signature ____/____/____ Date
								<hr style="border: 0.5px solid black;"/> Signature ____/____/____ Date
								<hr style="border: 0.5px solid black;"/> Signature ____/____/____ Date