Keystone School District

App Download Request Form

DIRECTIONS: Please complete this form for any apps, free or paid, that are requested for installation on Keystone School District iPads. Please complete all sections of this form as this helps administrators and technology personnel make effective decisions regarding app purchasing and installation. This form should be submitted to your building principal upon completion.

Teacher Name: ________________________________

Building: □ Keystone Elementary
□ Keystone Junior-Senior High School

Grade Level /Content Area: ________________________________

Name of App: ________________________________

App Description /Purpose:
__________________
__________________
__________________

URL of App: ________________________________

Cost of App: ________________________________

Quantity Needed: ________________________________

Have you evaluated this App? How?: ________________________________
__________________
__________________

For Office Use Only:

Principal’s Signature: ________________________________ Date: _____________

App Download: □ Approved □ Denied

Technology Personnel’s Signature: ________________________________ Date: _____________