



**iPad and App Request Form**

Please complete the following form for Special Education and submit the form to Director of Special Services.

<b>Date Submitted</b>	
<b>Staff Name</b>	
<b>School/Program</b>	
<b>eMail Contact</b>	
<b>Requested By</b>	

Staff Use (Staff Name):
Student Use (Student Name):

**Please install the following Apps:** Include Device MPS ID Number  
 Go to <https://volume.itunes.apple.com/us/store> for apps we can purchase.

App	Developer	Cost

**Accessories (Case, Keyboard, Stand, etc.)**

Item Name	Item No.	Cost

**Reason for request:**

Approval:

Director of Special Services

Date: