Holland Patent Central Schools
Portable Device App Request Form

General Information:

Date Requested: ________________
Teacher Name: ____________________
School: ____________________________
Grade Level/Department: ____________

Software Description:

App Title/Description: ____________________________________________________________
Publisher: (company name including contact info)
____________________________________
Cost Information: ____________________
Number of Licenses Requested: __________
Grade Level or Specialty Area: ____________________________________________________
Describe the anticipated benefit to student outcome measures: __________________________
Describe the anticipated benefit to achieving the NYS & HPCS District Initiatives: _________
Describe the Common Core/NYS Learning standard(s) being addressed: ____________________

Technical Information:

Device Requirements:
Operating System: iOS       Android

Approval:

Principal: ________________________ Date: ________________
Assistant Superintendent: ___________ Date: ________________
Technology Coordinator: _____________ Date: ________________