

Todd-Grant Elementary School
Request for iPad Cart Usage

Teacher Name _____ Date of Use _____

Apps Needed _____

Start Time _____ End Time _____

Brief Synopsis of Lesson

Standard(s) and elements taught through use of iPads

Permission is **GRANTED** **DENIED**

Signature of Principal _____

After iPad lesson is approved, bring this form to the Media Center in order to check out the iPad cart. The media specialist will deliver the iPad cart to your classroom.