



Rogers Public Schools

Software/App Approval Form

Building Name: _____ Administrator: _____ Date: _____

Requestor/ Contact Person: _____ Position: _____

E-mail: _____ Phone: (____) _____ - _____

Software/App Name: _____ Software/App Version: _____

Company/Developer: _____

Website for Hardware / Software Specs: _____

Cost per App/Software: _____ Number of Licenses: _____

Total Cost: _____

Source of Funds: _____ Building Account Name: _____ Account #: _____
(Complete only if \$ is required.)

_____ Grant Grant Name/Account # _____

****State how this software/app supports the connection(s) to student achievement, relation to your school ACSIP plan, and alignment with the specific curriculum standards in your grade level and content area:**

Requested Installation Date: _____

RPS Inventory #'s for app to be pushed to: _____

Signature/Requestor Date

Signature/Administrator Date

Signature/Curriculum Admin. Date

Signature/CIO Date

**** FOR INTERNAL USE ONLY ****

JAMF	APPROVED LIST	PUSHED	E-MAILED	UNDER REVIEW