

ENID PUBLIC SCHOOLS
INSTRUCTIONAL SOFTWARE APPROVAL FORM
Submit Form to Director of Information Technology

For Office Use Only

Date Received: _____ Work Order Number: _____ Priority: _____

Returned to Principal: _____ Approved: _____ Not Approved: _____ Date: _____

Building: _____ Grade Level: _____ Teacher or Department: _____

Name of Software: _____ Publisher: _____

Description: _____

Quantity: _____ Unit Cost: _____ Network Version? ___ Yes ___ No

Please Identify Educational Purpose _____

Does the software require training, or on-going support? If yes, what will be the cost to cover the support? _____

We would like to purchase this software for our school. We understand that the software must be approved for curriculum or administrative application and compatibility with Enid Public Schools technology systems. We will not expect to purchase the software or have it installed on the network if it is not approved.

Signed: _____ Date Submitted: _____

Needs Committee Review: ___ Yes ___ No Will Run on Network: _____ Will Not Run on Network: _____

Reviewers Comments: _____

Signed: _____ Signed: _____
Director of Information Technology Technology LAN Support Supervisor

Date: _____ Date: _____

Assistant Superintendent of Curriculum Approval: Approved _____ Not Approved _____

Comments: _____

Signed: _____ Date: _____