

LEON COUNTY SCHOOLS

SOFTWARE LICENSE SUBSCRIPTIONS / WEB TOOL APPLICATION (Cloud-Based)

The District is required to protect students from accessing inappropriate content. Before completing this form, check the Approved Software and Web Tools list to see if the product is already listed. If not, complete this form to request access, examine the Software / Web Tool, including but not limited to, Terms and Conditions, Privacy Policy, external links and advertisements.

APPLICATION INFORMATION	Date Submitted	
Section #1 - To Be Completed by T	eacher/Staff Member Requesting S	Software/App
Requestor's Name:	School/Department:	Phone Ext:
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Product Name:	Manufacturer's Name:	Web Tool URL:
Describe the intended use of this pro	oduct:	<u> </u>
Subject Area/Course Number:	Does this application contain	If yes, date approved by site-
	academic content? Yes/No	based committee:
Grade level(s) targeted:	Is the software/app evidence	Is this being used as an
., .	based?	intervention?
Will this be replacing an existing soft	 	 the district?
If so, which one?		
What does this software/app offer t	hat district adopted or approved pr	ograms don't have?
Sales Representative's Name:	Phone Number:	E-mail Address:
Section #2 – To be completed by s	chool administrator	
Administrator's Name:	Administrator's Signature:	Funding source of software/app if
		applicable: