**NHS Laptop Cart Request Form**

* Please email this request form at least five school days in advance to Laura Bouknight and Janet Ward.
* Teachers and students are required to follow all of the NHS Laptop Cart Norms- Teachers are required to pass out laptops and plug laptops back into the cart.
* **PLEASE LIMIT YOUR LAPTOP REQUEST TO ONE PAGE ONLY.**

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| --- | --- |
| Teacher: |  |
| Date of form submission: |  |
| Date of laptop cart use: |  |
| **Class Period(s) needed/number of students:** | example: 1A/15 2B/24 |
| Detailed Description of Activity: |  |
| Standard(s)/Indicator(s) addressed: |  |

*This section will be filled out by Mrs. Laura Bouknight or Mrs. Janet Ward before the cart is issued:*

|  |  |
| --- | --- |
| Date of approval: |  |
| Cart # Issued(Number of laptops): | 5 (30) 6 (30) 7 (30) 8(27) 9(14) |

*This section will be filled out by either Mrs. Bouknight or Mrs. Ward after the cart is returned:*

|  |  |
| --- | --- |
| Cart # Returned: | 5 (30) 6 (30) 7 (30) 8(27) 9(14) |
| All machines present and plugged in: | Yes No |