**NHS Laptop Cart Request Form**

* Please submit this request form at least five school days in advance.
* Teachers and students are required to follow all of the NHS Laptop Cart Norms.

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| Teacher: |  |
| Date of form submission: |  |
| Date of laptop cart use: |  |
| Class Period(s): |  |
| **Largest Class (how many students):** |  |
| 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: | 1 2 3 4 5 6 |

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

|  |  |
| --- | --- |
| Cart # Returned: | 1 2 3 4 5 6 |
| All machines present and plugged in: | Yes No |
| Netgear Ethernet port and power cable in cart: | Yes No |