

TABLET REQUEST - FORM C

This first table is to be filled by Year 4/5/6 educators at the school, eg. (S)KGEs/ (S)LSEs/Teachers (Subject, Regular, Supply, Complementary and Peripatetic) to apply for a tablet. The second table is to be used for Year 4/5/6 students to apply for a tablet.

| Details of Educator (S)KGEs/ (S)LSEs/Teacher (Subject, Regular, Supply, Complementary and Peripatetic) | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| School : | |
| Name & Surname: | |
| ID : | |
| Telephone / Mobile : | |
| Applicant's duty & Year Group (as per header row): | |
| Email Address : | |
| Tablet Training Conducted (tick where applicable) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If NO, has tablet training been applied for? | YES <input type="checkbox"/> Date of Training _____ NO <input type="checkbox"/> |

| Details of Student & Parent/Guardian - Year 4 / 5 / 6 | | | |
|-------------------------------------------------------|--------|--------|--------|
| School: | | | |
| Students' Name & Surname: | | | |
| Students' ID: | | | |
| Parent/Guardian ID: | | | |
| Parent/Guardian Telephone /Mobile: | | | |
| Please circle or underline: | Year 4 | Year 5 | Year 6 |
| Parent/Guardian Email Address: | | | |

The head of school declares that the above information is correct and not further verifications are necessary.

ATTN: Once filled in by the applicant and signed and stamped by the Head/Assistant Head, this form must be scanned and sent at ict.support.admin@ilearn.edu.mt . **Do not send by post.**

Signature of Head of School

School Stamp

| FOR OFFICE USE ONLY | |
|----------------------|---------|
| Tablet Model | Avantis |
| Tablet Inventory No: | |