King's College

Application Form for Apps Installation on Mobile Device under the Community Care Fund Assistance Programme

Class:	Class No:	Name:	Device No.: A 0
Name of A	App to be installed:		
Company	/Publisher of App:		
Description	ons of the App:		
Please star 1. 2.	te three things that t	he student would benefit	t from installing the App (be specific):
3.			
Remarks:			
The App(s)	requested will only	be installed by the Scho	ool when the following conditions are met:
• It is fr	ee of charge.		
• It is fo	or educational use.		
• It is no	ot in the categories of	of Games/Social Networ	king/Entertainment.
• It is no	ot rated 17+.		
architecture form to	e. The school has the Ms. NG (Genera	e final decision on the install Office) or Mr. At	not compatible with the operating system and stallation of the App. Please return the completed of thur Fung (STEM Room, email address) take 3 working days to process.
-	m to make good use	the school to install the of the device for learning	above App on the mobile device. I will continue
Parent's C	Contact Number:		
Parent's S	ignature:		
Date (DD	/MM/YY):		
		<u>Reply SI</u>	<u>ip</u>
	pp required is instal		
☐ The A	pp cannot be install	ed as it does not comply	with the requirement(s) mentioned.
School Cho	op:		Date:
(This form can be downloaded from KC official webpage by cli			