

Louisville Municipal School District

Descriptor Code: JC

INTERNET ACCESS PERMISSION FORM

By signing this consent form, I understand and agree that the Louisville Municipal School District will not be held responsible if I participate in inappropriate activities. I have read the rules and agree to abide by them. I realize any infraction will cancel my user privileges and may result in further disciplinary action.

Date: _____ Student's Name: _____

Student's Signature: _____

School: _____ Grade: _____

Recommending Teacher: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____