

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: \_\_\_\_\_