



LOWNDES COUNTY
School District
CALEDONIA • NEW HOPE • WEST LOWNDES • CAREER TECH

STUDENT INTERNET/NETWORK USAGE POLICY AGREEMENT/PERMISSION FORM

STUDENT'S NAME (*please print*): _____

GRADE: _____ **HOMEROOM TEACHER:** _____

SCHOOL'S NAME: _____

I acknowledge that I have read, understand, and agree to all the terms in the Lowndes County School District's Internet/Network Usage Policy. I understand that inappropriate behavior may lead to penalties including revoking of account, disciplinary action, and/or legal action.

I agree not to allow other individuals to use my account for Internet activities, nor will I give anyone my password.

I release the Lowndes County School District and all other organizations related to the Lowndes County School District's Internet/network connection from any liability or damages that may result from the use of the connection. In addition, I accept full responsibility and liability for the results of my actions with regards to the use of the Internet and network.

STUDENT'S SIGNATURE _____ **DATE:** _____

I acknowledge that I have read, understand, and agree to all terms in the Lowndes County School District's Internet/Network Usage Policy Agreement. I understand that this agreement will be binding during the entire time my child attends the Lowndes County School District.

PARENT'S SIGNATURE: _____ **DATE:** _____

**Parents will be notified if their child's privileges are revoked.*

"Challenging all students to attain their greatest potential."