

401.20E3 Guest Acceptance Form

**Internet / District Network Use Agreement Acceptance Form
for any person that is not employed or
enrolled by the Washington Community School District**

I certify that I have read, understand, and will abide by the Washington Community School District's Internet / District Network Appropriate Use Policy and state/federal law. I accept full responsibility for any financial obligations that are a result of my use of these services. I further understand that any violation of the regulations in the named policy may result in revocation of these privileges, discipline up to and including being removed from the facilities, and/or possible legal action.

Name: _____

Signature: _____

Date: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____