

**605.6E3 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: \_\_\_\_\_