Year Graduating: 20_____

SENDIT E-MAIL ACCOUNT REQUEST FORM Williston High School

NAME				
Circle one:	Freshman	Sophomore	Junior	Senior
	PASSWORD_			
LETTER.	Good password	ers and include at least sections and include at least might consist of two myDAY, Kats4All,	o words sepa	
I agree to for #1 and Send	-	olicies of both Willi	ston Public So	chool District
If I forget n I will NOT		vill tell Miss Snyder	or Miss Black	k.
Your accou	nt information v	will be processed as	soon as possil	ole.
Staff Us	se Only			
Staff				
Date				