



Parent Permission Form for Student Participation in Social Media

Dear Parent/Guardian:

This year, to help our students develop their _____ skills as well as 21st century skills, students will use _____ located at

(Social media tool)

_____ via the Internet. One of the reasons we are participating in

(Web address of social media tool)

collaborative social media projects is to help our students learn how to safely use the Internet to share information and collaborate. These activities support the State College Area School District's vision to prepare students to succeed and make a difference in a rapidly changing world community.

Planned Activities:

I encourage you to learn more about the district's technology policies and procedures. Information may be found at www.scasd.org/Page/711 (see Policy 815, Acceptable Use Policy).

Projects may be shared privately with other classes over the Internet and with parents, and also may be shared publicly on the Internet. To protect student privacy and ensure safety throughout all projects we will: 1) Only use student first names, if names are used at all, in identifying student work and ideas; (2) Not use pictures of individual students; (3) Only use GROUP pictures of students which do not identify individuals by name if we share pictures of students working in class.

If you have questions or concerns about this/these projects, please contact me.

Please complete, sign and return the bottom of this form to me as soon as possible.

Thank you!

(Teacher's signature)

(Teacher's name)

Teacher's contact information: _____

~~~~~ Please sign and return. ~~~~~

\_\_\_\_\_ Yes, my child has my permission to participate in \_\_\_\_\_.

\_\_\_\_\_ No, my child does not have permission to participate in these activities.

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_