



Social Media Registration Form

School: _____

School Year: _____

Teacher/Staff Name: _____

Date: _____

I understand that I will be representing Wakulla County Schools online and that my use of social media in this context should be related to WCSB instructional, communication or co-curricular purposes. I have read the WCSB guidelines for social media use and agree to respect those measures.

I use texting to communicate with students: _____sometimes _____often

Purpose for texting students: _____

Social Media used	URL, Page, Handle, etc.	Instructional Purpose	User Name	Password

Signature: _____

Date: _____

Administrative Approval:

Print Name: _____

Signature: _____

Date: _____