

**Solar Eclipse Opt-Out Form**

Dear Parent/Guardian:

Please complete and return this to your child’s school by no later than 9am on Monday, August 21, 2017 if you prefer for your child to **NOT** participate in the outdoor solar eclipse viewing activities during the school day on Monday, Aug. 21, 2017.

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S GRADE: \_\_\_\_\_ STUDENT’S SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, you indicate that you **DO NOT** want your child to participate in the outdoor solar eclipse viewing activities during the school day on Aug. 21, 2017, and understand your child will remain supervised inside their school building and may view the eclipse on television.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_