



Solar Eclipse Viewing Opt-Out Form

On August 21, 2017, for the first time since 1918, a solar eclipse will be visible on a path across the United States. The Bartlesville Public School District will be in the path of a partial solar eclipse. The District has been busy planning to make this once-in-a-lifetime event a unique learning experience for our students with the help of the Bartlesville Public Schools Foundation and community partners.

On August 21, 2017, all District students (except those for whom the Opt-Out Form below is turned in) will be allowed to go outside and participate in activities and view the partial solar eclipse (“Solar Eclipse Viewing”). Classroom teachers will be providing additional details regarding viewing location for their particular class as the event approaches.

As always, student safety is our top concern. Looking directly at the sun is unsafe. The only safe way to look at the uneclipsed or partially eclipsed sun is through special-purpose solar filters, such as “eclipse glasses”. Per NASA, homemade filters or ordinary sunglasses, even very dark ones, are not safe for looking at the sun. The Foundation has purchased and provided eclipse glasses to wear during this event. Although there is no way to fully guarantee student safety during such a rare event, we will take precautionary measures including pre-education to make students aware of the risks involved in directly looking at the sun. **At no time should students or participants remove their eclipse glasses and look directly at the sun, as it could cause permanent eye damage, just as looking directly into the sun at ANY TIME can damage your eyes. There is no way for the school to guarantee that your child will not remove their eclipse glasses, so please speak with your child about the importance of following instructions and of keeping their eclipse glasses on at all times during this event.**

*If you **DO NOT** want your child to participate in outdoor viewing activities planned on August 21st for the eclipse, please review, sign and return this form as soon as possible.

Solar Eclipse Viewing Opt-Out Form

Student Name: _____ School: _____ Grade: _____

I, parent/guardian of (or adult student): _____, hereby **DO NOT GIVE CONSENT** for my son/daughter/me to participate in outdoor Solar Eclipse Viewing activities to view the Eclipse on August 21, 2017. I acknowledge that my child will be provided with an alternate indoor activity during the Solar Eclipse Viewing at my child’s school.

Parent/Guardian Signature

*Student’s Signature **if 18 years or older*