

**EMANUEL COUNTY SCHOOL DISTRICT
SOLAR ECLIPSE VIEWING
OPT OUT FORM**

By signing and returning this form to the school administration, I am notifying the Emanuel County School District that **I do not** grant permission for my child to participate in the viewing of the solar eclipse.

By not signing and returning this form to the school administration, I understand that I am granting permission for my child to participate in the viewing of the solar eclipse.

School Name: _____

Student's Name: _____ Homeroom Teacher: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Address: _____
