**Anderson County Schools Plan for the 8/21 Solar Eclipse - ACHS**

 Anderson County Schools will operate on normal schedule Monday, August 21, 2017. We do expect possible minor delays (10 to 15 minutes) during dismissal so please plan accordingly.

In order to ensure safety of students during this event:

* Students will not participate in any unstructured outdoor activities, including recess, after Noon on August 21st
* Students participating in structured outdoor activities will be provided with solar eclipse glasses and instructions on their proper use
* Participating students will be advised to not look directly at the sun without wearing solar eclipse glasses
* Bus drivers will also advise students to not look directly at the sun
* We ask parents/guardians to reinforce these safety rules with your child(ren) two or three days prior to the event.
* ACHS will be facilitating a lesson during our CCR period to prepare students and educate them on the solar eclipse.

 Parents that prefer their child not participate in structured outdoor eclipse activities may obtain an “Opt-Out” form from their child's school website or school front office. Students that “Opt-Out” will participate in an indoor activity.

If you wish to travel to western Kentucky for better viewing options or feel more comfortable viewing the event at home, please plan to complete an educational enhancement form in advance of the event. Copies are available on the individual school websites and can be requested from your child’s school.

Regardless of where you view this event, please remember to not look directly at the sun without wearing proper solar eclipse glasses. Parents, we request that you to assist us in sharing the importance of not looking directly at the sun without proper eclipse glasses with your child, helping us to reinforce the safety rules.

More information about the solar eclipse can be found at [www.nasa.gov/eclipse](http://www.nasa.gov/eclipse).

If you would like for your child to opt out of the solar eclipse viewing please sign and date the form below. **(PLEASE RETURN THIS FORM TO YOUR 5TH PERIOD TEACHER)**

Student Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_