

Abingdon-Avon Community Unit No. 276

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Solar Eclipse Viewing Permission Slip

On August 21, 2017, our first day of school, at 1:18 p.m. there will be a solar eclipse. This event is being called "The Great American Solar Eclipse," because it is the first time since 1918 a solar eclipse will be visible on a path across the entire continental United States. We are planning to allow all students and staff at Hedding, AES and AAMS to watch the solar eclipse, since this is a once-in-a-lifetime event. The schools have purchased eclipse-safe viewing glasses for students, faculty and staff.

Safety is always our top priority. We will take all precautionary measures to make this experience both safe and enjoyable. Homemade filters or ordinary sunglasses, even very dark ones, are not safe for looking at the sun. Students will not be permitted to look at the uneclipsed or partially eclipsed sun through unfiltered cameras, telescopes, binoculars, or other optical devices with or without glasses. (For more information on viewing the eclipse safely to prevent eye damage, please visit <http://www.eclipse2017.org>).

Because of these safety concerns, a parent or guardian signature on this sheet is required in order for students to participate in the event using the eclipse glasses. **Students who do not have a waiver signed by a parent or guardian will not be allowed to participate. Students must turn in the waiver on or before August 21. Students will not be allowed to call home for permission that day.**

Parental Consent

Student Name _____ Special Health
Conditions _____

School _____ Grade _____ Age _____ Date of
Birth _____

Address _____

I/We, parent(s)/guardian(s) of _____, hereby give consent for my/our son/daughter to participate in this school-approved activity to view "The Great American Solar Eclipse" on August 21, 2017, using eclipse-safe viewing glasses.

My/our son/daughter will abide by the school's code of conduct per the Student Handbook and the guidelines set by the teachers/staff members of the school.

I/We have been informed our son/daughter's school will have teachers/staff/chaperones supervise the students.

I/We have been informed viewing the eclipse involves risk, which could result in injury to the eyes if eclipse safe viewing glasses are not worn properly.

I/We hereby release Abingdon-Avon CUSD #276 as well as any and all of its employees and volunteers from any and all liability for any and all harm arising to my/our son/daughter as a result of this school-approved activity.

Parent(s)/Guardian(s) Signature

Date

Emergency Phone #1

Emergency Phone #2