Lovejoy ISD Eclipse Viewing Permission

On April 8th, DFW will be in the path of a total solar eclipse. On the day of this once-in-a-lifetime event, Lovejoy students will go outside to observe this spectacular event.

Because special safety precautions need to be taken for viewing an eclipse, any student who will go outside to view the event **must** have a signed permission slip from their parent or guardian. Since viewing the eclipse without proper protection can lead to permanent eye damage, the district has purchased certified eclipse glasses for each student to wear during the eclipse.

Any student participating in the outdoor solar eclipse viewing event must agree to the following expectations:

- District-provided glasses will be worn the entire time the student is outside except when given teacher permission to remove them during totality. After totality, the students will put glasses back on when directed by the teacher. If a student typically wears glasses, the solar eclipse glasses should be placed over the student's normal glasses.
- **SCIS students are asked to bring a small towel or blanket to sit on the grass during viewing.**
- The student will not touch or disturb another student's eclipse glasses.
- The student will remain with their class the entire time they are outside and will not leave their group to go speak with another student, teacher, or staff.
- The student will not leave the viewing location.
- The student will follow any other directions given by Lovejoy teachers and staff.

Any student without a permission slip, or whose parent prefers they not participate in the outdoor event, will be able to watch the eclipse inside via livestream in the Main Gym.

The campus will be closed to visitors between the hours of 12:00-2:00. If you need to check your child out, please do so between 10:30 and 12:00.

Please sign and return this permission slip to your child's **HOMEROOM** teacher by **April 2, 2024**.

☐ My child has permission to go outside to view the solar eclipse with their class.

☐ My child does not have permission to go outside to view the solar eclipse.

PRINT Student's Name: _____

STUDENT Signature & Acknowledgement: _____

PARENT/GUARDIAN Signature & Acknowledgement: _____