

SOUTHGATE INDEPENDENT SCHOOL DISTRICT

*6 WILLIAM BLATT AND EVERGREEN
SOUTHGATE, KENTUCKY 41071-3151
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August 17, 2017

Dear Parents/Guardians,

On August 21, 2017 we will experience a near total solar eclipse, the first in Kentucky since 1869. The eclipse will cover 91% of the sun in our area. The next solar eclipse of this significance will not occur in our area again until 2054. The Southgate Independent School District is planning to make this day a special educational event for our students in grades 1-8 by organizing a safe and engaging viewing experience. Kindergarten students will not participate in this event.

Since viewing a solar eclipse (looking directly at the sun) without safety glasses may cause damage to vision we want to make all parents aware of the event and how our school plans to address the safety concerns. Our school has purchased solar eclipse viewing glasses for every student in grades **1-8**. These special glasses are manufactured by American Paper Optics and have the safety certification ISO 12312-2 which meets current NASA and international safety standards for safe viewing. Students will **NOT** be taking the glasses home from school and will be reminded about the potential for harmful effects of unfiltered light on the eyes.

While we are planning to provide an opportunity for a safe, educational experience, we understand that some parents may not want their child to participate in viewing the solar eclipse. **If you do NOT want your child to participate, you will need to sign below and return to school no later than 9:00 a.m. on Monday, August 21, 2017.**

Please also be aware that our area is likely to experience near night time conditions as the moon transitions in front of the sun. This transition will likely take place from 1:01 p.m. to 3:52 p.m. with a maximum coverage estimated at 2:29 p.m. If necessary, the district will delay dismissal for a few minutes to more closely mirror “normal” conditions. Please partner with us to ensure the safety of our students and speak with your child(ren) about the importance of safely experiencing the eclipse.

I do not want my child(ren) to participate in the viewing of the 2017 solar eclipse.

Parent Signature _____ **Date** _____

List each child below by first and last name along with the grade level:

Name _____ **Grade** _____

Name _____ **Grade** _____

Name _____ **Grade** _____

Name _____ **Grade** _____