

**GREENEVILLE CITY SCHOOLS  
OPT OUT FORM FOR SOLAR ECLIPSE ACTIVITIES**

A parent, guardian, or legal custodian may withhold permission for their student to observe the solar eclipse. I/WE, as parent, guardian, or legal custodian of (name of student) \_\_\_\_\_ withhold permission for the above named student to observe the solar eclipse on August 21, 2017. As the parent or guardian of the student identified above, I understand that if I opt out, my child will not be allowed to view the solar eclipse.

This release should be returned back to the school by \_\_\_\_\_.

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

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Date