



Floyd L. Shelton Elementary School
At Crossroads
1531 Cedarcrest Road
Dallas, Georgia 30132

Phone: 770-443-4244

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Dr. Jeffrey Robinson
Principal

Ms. Susan Woodham
Mrs. Gina Zuganelis
Assistant Principals

August 16, 2017

Dear Parents,

This letter contains updated information, so please review carefully! On August 21, 2017, all of North America will be treated to an eclipse of the sun. Here in Paulding, we will experience a near-total eclipse between 2:35 and 2:40 p.m. that will last approximately two minutes. Shelton Elementary is planning to make this day a special educational event for our students by organizing a safe and engaging educational experience. Instructional activities will include grade level eclipse-themed activities related to standards that students can conduct in their classes and watching the eclipse via live-streaming on the web or television. If weather permits, limited outdoor viewing of the eclipse will be allowed for students with a signed parental waiver (attached).

In order for your student to participate in an outdoor viewing of the solar eclipse, a signed parental permission waiver is necessary. Please sign the permission form located on the back of this notice and have your student return it to his or her teacher by Friday, August 18, 2017.

For students who have a signed parental permission form, we have a limited number of NASA approved eclipse viewing glasses with the ISO 12312-2 safety rating that provide the eye protection necessary when viewing the partial eclipse. (For more information regarding the safety certification of the special viewing glasses, please visit www.eclipseglasses.com/pages/safety). These students will be allowed to go out to view the eclipse for short, monitored periods of time not longer than 10 minutes in a viewing session, with less than 3 minutes of safely viewing the eclipse. Students will be taken out in small groups, and they will not spend the entire eclipse time outside. Safety is always a top priority, and we will take all precautionary measures with both students and staff to make this experience safe and enjoyable. Only Eclipse glasses, like we have purchased at Shelton, will be used.

While we plan to provide an opportunity for a safe, educational experience, we understand that some parents may not want their children to participate in a live viewing of the eclipse. ***Students who do not return this form signed by a parent/guardian will be allowed to watch televised coverage of the event from inside the building.***

There are a few other reminders related to the day we wanted to share:

- We realize that the eclipse is a unique and rare event, and because of this, many of you will want to enjoy this event with your children at home. **Any students signed out at 11:30 or after will be excused without a parent note and can view the eclipse at home under your supervision.**
- Due to a lack of space, parking, and supervision issues, we will not be able to host parents and visitors to watch the eclipse here on campus. If you would like to view the event with your child, we do suggest checking them out starting at 11:30. We appreciate everyone's understanding.
- If you are planning to check your child out early on August 21, please go ahead and communicate this with your child's teacher via e-mail with the anticipated checkout time so that we can plan and anticipate which students will be leaving and who will be here.
- **Our dismissal process will be the same as usual but is delayed one hour, and will begin at 3:30 pm.** Please remember to adjust transportation/supervision for the one hour delay to make sure your child safely gets home from the bus or car. Please send in a note should your child's transportation change so we can verify in the office.

If you have any further questions, please feel free to contact your child's teacher or the administrators. Thank you for your support and cooperation as we prepare for this event!

Sincerely,

Jeffrey K. Robinson, Ed.D
Principal



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Release

I (**Parent/Guardian Name-PLEASE PRINT**): _____
acknowledge that participation in the activity described above is not mandatory and that a quality
alternative instructional experience will be provided to those students choosing not to participate.

I request that (**Student's Name-PLEASE PRINT**): _____ (Student)
be allowed to participate in the activity described above and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the activity, I consent to the
activity supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or
their discretion.

I acknowledge that solar eclipse viewing glasses will be provided to Student, but that Student is
responsible for wearing the eyewear as instructed.

I agree to release, indemnify, and hold harmless or reimburse the District, its Board of Education, and its
members, employees, agents, representatives, successors or assignees, as well as its approved adult
activity supervisors ("District Indemnites") from and forever promise not to sue them on any and all
claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including
reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the
above-named Student, the Student or any other successor or assignee may have or may allege to have
against the District Indemnites or which may be brought against the District Indemnites arising out of
or in any manner relating to the Student's participation in the activity, including but not limited to any
losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by Student if the Student is 18 years of age or older.

Signature of Parent/Guardian

Date