Dear Parents and Guardians,

As many of you know, on August 21, 2017, we will experience a near total solar eclipse from approximately 1 pm to 4 pm. A solar eclipse occurs when the moon completely covers the sun. While we are not located in the area for a total eclipse, we will still be able to view over 90% of totality.

This event will be an extraordinary educational opportunity for our students. Many of our schools will have special activities or lessons planned for this day to accompany the event. While this event is extremely exciting for our students, we must also acknowledge the importance of proper eye safety. All of our schools have purchased NASA approved, ISO-certified viewing glasses to help us navigate this day safely. Like any other day, looking directly into the sun without proper protection can damage eye tissue and that becomes more of a risk when people are interested in being outside to specifically look in the sky to see the eclipse. **The eclipse must only be viewed through ISO-certified glasses. Please help us reinforce this with your child.**

In order to protect our students’ eyes during this event:

- Students will not participate in any unstructured outdoor activities, including recess
- Students will be instructed to avoid looking at the sun without wearing solar eclipse glasses
- Bus drivers will instruct students to keep their glasses on as they are transported home and avoid looking at the sun. Please plan to meet your child or provide directions once they are dropped off.
- Extra-curricular activities will be delayed until after the eclipse has been completed

We, at Campbell County Schools, recognize the significance of this educational event but if you wish to travel to Western Kentucky for better viewing options or feel more comfortable keeping your child home to participate in viewing the eclipse, please complete and submit our district’s educational enhancement form. The educational enhancement form is attached and can be found on the Campbell County district website at [http://www.campbellcountyschools.org/administrativeDepartment.aspx?aid=18](http://www.campbellcountyschools.org/administrativeDepartment.aspx?aid=18).

Regardless of where you view this spectacular event, please remember to avoid looking directly at the sun without wearing proper solar eclipse glasses. **We urge you to assist us in sharing the importance of not looking directly at the sun without proper eclipse glasses with your child.** Please let us know if you think your child will have trouble following the eye safety precautions and we will plan an alternate plan of action for your child. We never want to put our students’ safety or vision in jeopardy. Please help us enjoy this rare, educational event and keep your child safe. More information about the solar eclipse can be found at [www.nasa.gov/eclipse](http://www.nasa.gov/eclipse). If you have any questions, please contact your child’s school or our district office.

Sincerely,

[Signature]

Dr. David A. Rust
Superintendent
Absence Forms

EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM

To request an absence to attend or participate in an educational activity, please complete this application form and return it to your school principal at least five (5) days prior to the absence. Such an absence as requested by this signed application and approved by the school principal, will be considered an excused absence. The major intent of the activity must be educational in order for the student to be granted this type of absence. The proposed activity must have significant educational value and be composed of an intensive program related to the core curriculum (e.g. art programs, dance programs, State Fair activities, workshops that are educational in nature, college visits, etc.). The Principal will use his/her good judgment to determine if the activity meets guidelines. A student may be approved for up to ten (10) days of absence per year for this purpose. Students who are granted an absence under this law will be allowed to make up all school work. Student grades cannot be affected by lack of attendance or participation in classes for approved days. This type of absence cannot occur during the school's state assessment or District-wide assessments, unless there are extenuating circumstances that are approved by the Principal. Decisions may be appealed to the Superintendent and then to the Board of Education.

Student Full Legal Name: ___________________________ Date of Application __________

Name of School ___________________________ Homeroom Teacher _______________

Date of Birth: _______________ Age: _____ Grade Level: _______ Home Phone __________

Residence Address: ____________________________________________________________

City: ___________________________ State: ___________ Zip Code: __________

# of Excused Absences To Date _______ # of Unexcused Absences To Date _______

# of Total Absences to Date _______

Date(s) of Intended Absence(s) __________________________________________________

Please explain the nature of the event the student will be attending and how the activity meets the criteria of (1) having an educational purpose, (2) having "significant educational value," and (3) how the activity is directly related to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts. Please attach a schedule of activities/events to be attended. (Use additional paper, if needed, and attach to this completed form.)

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Signature of Student ______________ Date __________ Signature of Parent/Guardian __________ Date __________

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