

**FACS Opt-Out Form**

**Eclipse Viewing, August 21**

I DO NOT want my child (children) to participate in the solar eclipse viewing experience using the eyewear provided by FACS.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

This completed form must be signed and returned to the main school office, emailed to Susan Gilmore (sgilmore@facsmemphis.org), or faxed to (901) 324-3558 by 4 p.m. Friday, August 18.