



# BIRDVILLE INDEPENDENT SCHOOL DISTRICT

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To: Birdville ISD Parents  
Subject: April 8, 2024, Eclipse Opt-Out Notice

**APRIL 8, 2024, ECLIPSE OPT-OUT FORM  
(TO BE COMPLETED ONLY BY THOSE WISHING TO OPT OUT)**

Fort Worth, Texas and the surrounding metroplex will experience a full solar eclipse on April 8, 2024. This is a once-in-a-lifetime event for our students, as there is not predicted to be another total solar eclipse in this area until after the year 2251 (although there are predicted to be two annular solar eclipses in September 2165 and October 2238).

In anticipation of the total solar eclipse occurring on April 8, 2024, Birdville ISD has purchased NASA-approved solar eclipse glasses for all students and staff to view the eclipse without causing damage to their eyes. BISD views this event as a significant learning opportunity for our students. However, we understand that parents may not want their child(ren) to participate in the actual in-person viewing of the eclipse outside.

If you do not want your child to go outside to view the eclipse, please complete and sign this Opt-Out Form and return it to your school's front office by April 5, 2024. Students who have turned in an Opt-Out Form may view the eclipse on a television or computer projected onto a screen via live streaming under the supervision of school staff.

On April 8, 2024, weather permitting, all students who have not turned in an Opt-Out Form will go outside to view the eclipse with their classmates and teachers using NASA-approved eclipse glasses. In addition, all students will participate in learning activities surrounding the eclipse.

I do not want my child to go outside to view the eclipse firsthand on Monday, April 8, 2024.

I understand that by returning this completed form by April 5, 2024, my child will stay inside during the eclipse on this day and may view an alternate viewing of the eclipse via live streaming on a computer, television, or projector screen under the supervision of school faculty.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Teacher: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_