

ECLIPSE VIEWING PERMISSION FORM GRADES K-8

**Saint Alphonsus Liguori School, 411 N. Wheeling Road,
Prospect Heights, IL 60070**

DATE: April 8, 2024 Time: 1:30pm to dismissal Location: Behind the gym

EDUCATIONAL PURPOSE OF THE FIELD TRIP: Once in a lifetime chance to see a full eclipse and learn about the science behind it.

Please join us for an Eclipse Viewing Party that day! If you like, bring lawn chairs and snacks to share with a sun/moon theme!

Students will have a dress down day that day costing \$1.00 to help defray the expense for the glasses. They can wear sun/moon/star themed clothing for fun!

If permission slips are not returned, the students will be inside in a group with a teacher/staff member and will view the eclipse live streamed. Please return one permission slip for each child.

COMPLETE THIS SECTION AND SIGN, THEN COMPLETE THE SECTION BELOW

<i>Print first and last name of student on line below</i>	
I/we, the parent(s)/guardian(s) of _____	Grade _____
request that the school permit my/our son/daughter to participate in this event as described above. I/We understand that this is an educational event and a valid extension of the classroom experience. In consideration of the making of arrangements by the school, I/we release and save harmless the school and any and all school personnel from any and all liability for any injuries, loss, or other claims arising or resulting from the event.	
<i>Print first and last name of Mother/Guardian:</i>	<i>Print first and last name of Father/Guardian:</i>
Mother/Guardian _____	Father/Guardian _____
Mother/Guardian Signature _____	Father/Guardian Signature _____
Date _____	Date _____
<i>Note: Teachers will have each student's Medical and Emergency Notification Authorization for Medical Treatment.</i>	

THIS FORM MUST BE RETURNED ON/BEFORE : Monday, April 8

Child _____ Grade _____

Any Allergies or Medical issues: _____

YOU MUST COMPLETE THE INFORMATION, SIGN ALL SPACES, AND RETURN ON OR BEFORE MONDAY, APRIL 8.

THIS IS FOR GRADES K-8.