



# Stewart County Schools

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## Celebrating the Complete Solar Eclipse

On April 8, 2024 the continental United States will experience a visible total eclipse for the 2nd time in over 100 years. Sixty-five to ninety (65% - 90%) percent of the sun will be covered by the moon. This is a historic event and one that we want our students to take part in. Safety is always our top priority and we will take all the precautionary means with our staff and students to have a safe and enjoyable experience. The National Aeronautics and Space Administration (NASA) has stated that homemade filters and sunglasses are not for looking at the sun.

<https://science.nasa.gov/eclipse/safety>

A solar eclipse is an alignment of the Sun, the Moon, and the Earth. The moon, directly between the sun and the Earth, casts a shadow on the Earth. If you are in the dark part of the shadow, you will see a total eclipse. If you are in the light part of the shadow, you will see a partial eclipse.

We will instruct students to not look at the un-eclipsed or partially eclipsed sun without eclipse-safe glasses. Due to the safety concerns we are requesting permission from parents in order for students to participate in the event using the eclipse glasses which will be provided by Stewart County Schools. Staff members will encourage students to wear the solar glasses once schools are dismissed since most students are likely to look at the eclipse.

Parents and guardians are encouraged to speak to their children to stress the dangers of looking at an eclipse without proper eye protection. Stewart County Schools staff will also stress eye safety of students during the eclipse. Your support and assistance regarding the safety of students during the eclipse is appreciated.

The estimated times for the partial eclipse in Georgia are from around 1:45 pm through 3:05 pm.

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I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ give permission for my child to participate in the Great American Eclipse activity.

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ do not want my child to participate in the Great American Eclipse activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_