



Distance Learning Authorization Form

I/we, parents of \_\_\_\_\_, hereby grant permission and authorize \_\_\_\_\_ Parish to provide live, online instruction by means of Zoom in lieu of in-person instruction as a result of Covid-19 pandemic. This will take place during Phase 2 or lower of the pandemic.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parish

\_\_\_\_\_  
Date