



**CABRINI HIGH SCHOOL
AUTHORIZATION FOR LIVE LEARNING**

I/we, parents/guardians of (print student name here) _____, hereby grant permission to and authorize Cabrini High School to provide live, online instruction by means of online learning platforms chosen by Cabrini High School, in lieu of in-person instruction, to our child, _____, when and if it becomes necessary to close Cabrini High School as a result of the COVID-19 Pandemic and/or weather related issues.

Parent Signature

Print Parent Name

Date

Parent Signature

Print Parent Name

Date

Respect, Excellence, Service

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