



Student \_\_\_\_\_ will enroll in eLearning Academy's Credit Recovery or Advanced Credit program. eLearning Academy is a state-approved non-public school.

My signature below acknowledges that \_\_\_\_\_ (school name), or \_\_\_\_\_ (district name) will accept the credit(s) earned for successful completion of:

Course(s)	Grade Level	Deadline for Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please select one option (if applicable):

Final exams must be proctored at \_\_\_\_\_.  
School Name

Final exams must be proctored at eLearning Academy.

\_\_\_\_\_  
Signature of School Principal Date

\_\_\_\_\_  
Signature of District Supervisor Date

For further information, please contact Caroline Hebert at 985.447.5994, toll-free at 866.477.9444, or email [chebert4@elearningk12.com](mailto:chebert4@elearningk12.com). Completed forms may be emailed to [chebert4@elearningk12.com](mailto:chebert4@elearningk12.com), faxed to 985.685.1512, or mailed to eLearning Academy, 806 North Acadia Road, Thibodaux, LA 70301.

Nancy Toups  
Owner/Administrator  
eLearning Academy