



Student \_\_\_\_\_ will enroll in eLearning Academy's Single Course Credit program.

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:

☐ Final exams must be proctored at \_\_\_\_\_.

School Name

☐ Final exams must be proctored at eLearning Academy.

☐ Final exams may be taken at home with a parent or guardian as proctor.

\_\_\_\_\_  
Signature of School Principal and/or Signature of District Supervisor Date

For further information, please contact Jennifer Danos at 985.223.9077 or email [jdanos@elearningk12.com](mailto:jdanos@elearningk12.com). Completed forms may be emailed to [jdanos@elearningk12.com](mailto:jdanos@elearningk12.com) or mailed to eLearning Academy, 220 Civic Center, Houma LA 70360.

Jennifer Danos  
Center Director  
eLearning Academy