



OFF-SITE COURSE APPROVAL APPLICATION FOR ERHS CREDIT

Off-Site Course Approval contracts are permitted and contracts will only be considered with Parent Signatures. The contracts may be arranged for up to two credits ERHS per school year. A school year is July 1 to June 30.

STUDENT NAME _____ GRADE: _____
(PRINTED NAME)

I would like to be approved to take the following course(s) during the 20____/20____ school year:

1st Course

COURSE TITLE	COURSE #

2nd Course

COURSE TITLE	COURSE #

SCHOOL/PROGRAM'S COURSE DESCRIPTION	COURSE #

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I will be taking the course(s) listed above through _____ (Name of School/Program) for credit, which could be applied toward my graduation requirements at Elk River High School.

This course will be taken: During the School Day Outside of the School Day Summer

I understand that it is my responsibility to keep up with my homework and work with the school/program listed above on any and all items pertaining to this course. Upon successful completion of the course(s), a transcript from the school/program listed above is required to be submitted to ERHS before I earn credits for the course(s).

STUDENT SIGNATURE: _____ DATE: _____

I acknowledge that my student has applied for Off-Site Course Approval for ERHS Credits. I understand that my child will be taking the course(s) online and it is our responsibility to work directly with the school/program listed above about the course(s). In addition, I understand that if my student has a full course load (6 courses within the school day, per semester) and requests to take the course(s) outside of the standard school day, the cost of the school/program will be at my family's expense.

I acknowledge that I will be notified by the Counseling Department once my student's transcript is received at ERHS. I understand that I am required to fill out an Off-Site Course Parent Verification form finalizing our family's decision how the credit(s) could be applied to my student's transcript.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

TO BE FILLED OUT BY COUNSELOR

Course is from an accredited online school? Course is an acceptable course to qualify as an ERHS credit in the following area:
Core (English, Math, Science, Social) Fine Arts General Elective Health Physical Education

SIGNATURE _____ DATE _____

TO BE FILLED OUT BY PRINCIPAL

Date Received _____ Approved? Denied?

Reason(s): _____

SIGNATURE _____ DATE _____

***Please return completed form to Student's Counselor.**



TO BE COMPLETED BY COUNSELING DEPARTMENT

Transcript received from Educational Institution? YES Date Received: _____ Initials: _____

Notification of ERHS receiving transcript and information on choice of adding course to transcript has been made to parent?

YES Date Notified: _____ Initials: _____

Notification Method: Email (attached) Phone Call

PARENT REPLY:

YES, course(s) will be added on student's transcript.

Date of Reply: _____ Signed document received? _____

Transcript added to Campus profile of Student on this date: _____

NO, course(s) will be NOT be added on student's transcript.

Date of Reply: _____ Signed document received? _____

Signed document uploaded to Campus profile of Student on this date: _____

Information shared with Counselor & Administrator YES Date: _____

SIGNATURE _____ DATE _____