



APPROVAL FORM ALLOWING STUDENT TO PURSUE OUTSIDE COURSE COMPLETION

Please email this form to: [wca@westernchristianacademy.com](mailto:wca@westernchristianacademy.com) .

If mailing, please make a copy for your records. Mailing Address: WCA, P.O. Box 306, 30128 Auberry Road, Prather, CA 93651

Fax: 800-436-3303.

If you have any questions, please call: 800-868-5839.

To request a course description for our award winning curricula, please email: [wca@westernchristianacademy.com](mailto:wca@westernchristianacademy.com) and ask for a course description for the course in question.

Please keep WCA in mind to assist you with your unique student situations, credit recovery, and summer school needs.

**Student Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Mailing Address:** \_\_\_\_\_

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Course(s) to allow student to complete at WCA. (Please specify semester, 2 semesters / full year, 1<sup>st</sup> semester, or 2<sup>nd</sup> semester with the course name. If any, notate any time requirements.)

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\_\_\_\_\_

**As an authorized representative of your school, you authorize this student to complete the above course(s), you will transfer credit from WCA to your school.**

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Title or Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please make a copy of this form if mailing. Feel free to contact us for progress status while the student is completing work. We will send a transcript along with a copy of this form once the student has successfully passed the course(s).