

Please Send the Following Records:

O Official Transcript	O Cumulative File
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O	Unofficial	Transcript	O	Active or	Inactive	IEP/504	Plan
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		Current Grade Level:		
Studen	Last Name First Name N	Date of Birth:		
	Please list last three schools a	ttended (List the MOST recent first):		
1.		_ Address:		
	School Phone:	_School Fax:		
2.	School Name:	_Address:		
	School Number:	_ School Fax:		
3.	School Name:	Address:		
	School Phone:	_ School Fax:		
	Date of Withdrawal from last school:			
	authorize the release to the school named below	and Privacy Act of 1974 and California State Law, I hereby of all records. These records include, but are not limited to; cards, grades and credits), standardized test data (including		
	Parent/Guardian/Student Signature:	Date:		

School contact information: **Evergreen Institute of Excellence**

19500 Learning Way Cottonwood, CA 96022 Attn: Dena Hagan Phone: (530)377-7850

Fax: (530)347-7954



Withdrawal Understanding Agreement

Agreement					
I,					
Parent/Guardian Signature:	Date:				
Student Signature:	Date:				
•	raws from Evergreen Institute of Excellence, they <i>may not</i> turn to the school for one semester.				
Parent/Guardian Signature:	Date:				
_					
Student Signature:	Date:				
For Office Use Only					
This section completed by Administrative Assistant and/or Counseling/Advising Personnel					
(Enrollment Packet reviewed by the fo	ollowing staff member(s) (print):				
EIE Entry START Date:	Grade Level:				
Assigned Supervising Teacher:	Prior Enrollment in an Evergreen School: (Circle) Yes No				
Comments:	From: To:				