

Please Send the Following Records:

| O Official Transcript | O Cumulative File |
|-----------------------|-------------------|
|-----------------------|-------------------|

O Unofficial Transcript O Active or Inactive IEP/504 Plan

| | | | | Current Grade Level: |
|--------|---|---|--|---|
| Studen | nt Name: | Last Name | | Date of Birth: |
| | | Last Name | First Name | Middle Name |
| | | Please | e list last three sch | nools attended (List the MOST recent first): |
| 1. | School N | Vame: | | Address: |
| | School P | hone: | | School Fax: |
| 2. | School N | Vame: | | Address: |
| | School N | lumber: _ | | School Fax: |
| 3. | School N | lame: | | Address: |
| | School P | hone: | | School Fax: |
| | In accordan authorize th scholastic a | nce with the F te release to the chievement d | amily Education r he school named b | ol: rights and Privacy Act of 1974 and California State Law, I hereby below of all records. These records include, but are not limited to; report cards, grades and credits), standardized test data (including |
| | | , | | : Date: |

School contact information:

Evergreen Institute of Excellence 19500 Learning Way Cottonwood, CA 96022 Attn: Dena Webb Phone: (530)347-3411 Ext: 7550

Fax: (530)347-7954



Withdrawal Understanding Agreement

| that if my student does not complete the work or meet all of the elements of the aca | nderstand | | | |
|--|-----------|--|--|--|
| I, | | | | |
| Parent/Guardian Signature: Date: | | | | |
| Student Signature: Date: | | | | |
| I understand that if my student withdraws from Evergreen Institute of Excellence, the be allowed to return to the school for one semester. | y may not | | | |
| Parent/Guardian Signature: Date: | | | | |
| Student Signature: Date: | | | | |
| | | | | |
| For Office Use Only | | | | |
| | | | | |
| This section completed by Administrative Assistant and/or Counseling/Advising Personnel | | | | |
| | | | | |
| This section completed by Administrative Assistant and/or Counseling/Advising Personnel | | | | |
| This section completed by Administrative Assistant and/or Counseling/Advising Personnel (Enrollment Packet reviewed by the following staff member(s) (print): | No | | | |