



EVERGREEN
INSTITUTE OF EXCELLENCE

Student Name: _____ Grade in 2025/2026: _____

The following required, registration documents must be submitted with your student's registration packet.

- ☐ *copy of student's Birth Certificate*
- ☐ *copy of 2 Proofs of residency (must be dated within the last 30 days and show parent/guardian name and address)*
- ☐ *copy of student's Immunization record OR signed medical waiver*
- ☐ *Report of Health Exam & Dental Exam-for kinder & first grade students (recommended-**NOT** required)*

****please email this information to: dhagan@evergreenusd.org***

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