



ADD/DROP FORM

ID#: _____ Year: _____ Fall Spring SS1 SS2 DOB: _____

Last Name: _____ First: _____ Middle: _____

Phone # _____ Email: _____

DROP				ADD			
Subject	Course #	Section #	Instructor	Subject	Course #	Section #	Instructor

**Please keep a copy of this form until final grades are posted and/or appropriate refund is received.*

The following signatures are required for all transactions:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

High School Counselor: _____ Date: _____

HSPS Representative: _____ Date: _____

This form can ONLY be submitted and processed by the Office of High School Programs and Services.