



Horseshoe Bend School District #73
Add / Drop Form

Student Name: _____ **Grade:** _____

Class to Drop:

Class Title: _____ Period: _____

Reason: _____

Teacher's Signature: _____ Date: _____

Class to Add:

Class Title: _____ Period: _____

Reason: _____

Teacher's Signature: _____ Date: _____

Parent/Legal Guardian Signature _____ Date _____

Student Signature _____ Date _____

Submit Form to Counselor after Teachers, Parent/Legal Guardian, and Student sign.

Approval Signatures (Signatures to be gathered by Counselor)

Principal _____ Date: _____

Counselor: _____ Date: _____