

Hackensack High School
Guidance Department
Add/Drop Form

Student Name: _____ **Grade:** _____

Counselor: _____ **HR:** _____

Course(s) to Drop:

Course(s) to Add:

Reason for course change:

Date: _____ **Student Signature:** _____

Date: _____ **Parent Signature:** _____

Parent Phone Number: _____

*** Return this form to School Counselor. Counselor will contact the student when the schedule adjustment is made.**