



Excel High School
www.excelhighschool.com

Registrar's Office
4445 West 77th Street, Suite 212
Edina, MN 55435
952-465-3700 telephone
952-465-3701 facsimile

Registration Change Form *HSE Drop Request*

Name: _____

Student ID #: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Enrollment Date	Requested Drop Date	Reason

Students may drop the HSE program within 30-days of their enrollment date. There is a \$ 25.00 processing fee for all drop requests. Drop request made after 30-days of enrollment will not be processed.

Student's Signature _____ **Date:** _____

Registrar's Signature _____ **Date:** _____

Please complete this form and fax it to the Registrar's office: (952) 465-3701.

FOR OFFICE USE ONLY:

Processed by: _____ Date: _____ Refunded Code: _____