



Encinitas Union School District  
ASPIRE Program  
101 S. Rancho Santa Fe Rd., Encinitas, CA 92024  
Registration: [Aspire.registration@eusd.net](mailto:Aspire.registration@eusd.net) 760-944-4300 ext. 1143  
Billing: [Aspire.billing@eusd.net](mailto:Aspire.billing@eusd.net) 760-944-4300 ext. 1143

---

## STATUS CHANGE REQUEST

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

### **SCHEDULE CHANGE:**

**CHANGE FROM** (CURRENT DAYS USED):

MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY

**CHANGE TO** (DAYS TO BE USED):

MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY

Please choose one: MORNING ONLY \_\_\_\_\_ **OR** AM/PM \_\_\_\_\_

EFFECTIVE DATE OF SCHEDULE CHANGE  
(MUST BE FIRST OF THE MONTH): \_\_\_\_\_

### **DROP FROM PROGRAM:**

EFFECTIVE DATE OF DROP  
(MUST BE FIRST OF THE MONTH): \_\_\_\_\_

*\*I understand that by dropping from the program, a spot may not be available should I decide to re-enroll, if a wait list is in place.*

*\*I understand that written request to cancel participation or change status in the program must be submitted five (5) school days prior to the first day of the effective month to receive the rate change. If not received by that date, I am responsible for payment of the existing monthly fee.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Date