



Encinitas Union School District
ASPIRE Program

101 S. Rancho Santa Fe Rd., Encinitas, CA 92024
Registration: Aspire.registration@eusd.net 760-944-4300 ext. 1143
Billing: Aspire.billing@eusd.net 760-944-4300 ext. 1143

STATUS CHANGE REQUEST

STUDENT NAME: _____

SCHOOL: _____

SCHEDULE REQUEST:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Please choose one: AM ONLY _____ PM ONLY _____ OR AM/PM _____

EFFECTIVE DATE OF CHANGE:

_____/_____/_____
**must be first day of month*

DROP FROM PROGRAM:

I request to drop my student from the ASPIRE program, effective ____/____/_____
**must be first day of 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