

Schedule Change Request Form

Aspire Langston Hughes Academy
Term: _____

Student Name:	Grade:
Best Email(s) for Communication (if submitted before the start of the	•
• Email 2:	
Please write what your schedule change request is here.	
Why are you requesting this change?	
Student Signature:	Date:
PARENT/GUARDIAN ACKNOWLE	
(required if requesting a change for a reaso	n other than an error)
I,, the parent/guachange my student is requesting and agree to my student's request	
Parent/Guardian Signature:	Date:

SCHEDULE CHANGES ARE ONLY MADE IF THERE IS AN ERROR OR AN ACADEMIC NEED. All other requests will be directed to Administration and must be approved by the principal or principal designee. All areas of the form must be completed. Parent/Guardian signature is required. All schedule change requests must be submitted to the Academic Counseling Department (Room 411) no later than Friday, August 5, 2022. No requests will be accepted after this date.

Academic Counseling Department Use Only

Acaden	nic Counselor who reviewed the request.
	Mr. Espinoza (A-G) Email: Ernesto.Espinoza@aspirepublicschools.org
	Mrs. Castanon (H-P) Email: lmelda.Castanon@aspirepublicschools.org
	Ms. Muniz (Q-Z) Email: Kristen.Muniz@aspirepublicschools.org
The stu	ident's request is:
	Approved (see attached for new schedule)
	Denied
	Referred to Administration
The rec	quest was denied/referred to Administration because (Complete only if applicable)
Additio	nal notes
please	the student or parent/guardian have any questions or concerns regarding the schedule change request, feel free to reach out to the Academic Counselors marked via phone (209-943-2389) or at their respective emails.
Counse	elor Signature: Date:

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