

BAND FEE DISCOUNT FORM

Form must be completed by a parent/guardian.

Parent/Guardian Name _____

Student Name _____

Address _____

Daytime Phone _____

Email _____

Which discounts are you applying for? (check all that apply)

_____ Free/Reduced Meal Discount

Please attach a copy of documentation that confirms your child is on free/reduced lunch.
Documentation from the previous year will be accepted.

_____ Two or More Siblings Discount

Please understand that each submitted Band Fee Discount Form will be reviewed on an individual basis. Failure to provide documentation or to fill out this form completely will result in a rejected application.

All Band Fee Discount Forms will be handled in a confidential manner.

Parent/Guardian Signature _____

Date _____

Please submit this application along with any attached documentation directly to the band office in a sealed envelope. Notification regarding your application will be sent out 3-5 days after your application has been reviewed.

Director Comments:

This application has been accepted: _____

This application has been rejected: _____

Reason for rejection: _____