

PACE HIGH SCHOOL BAND
2026-2027 DISCOUNT FORM
This form must be completed by a parent/guardian.

Parent/Guardian Name _____

Student Name(s) _____

Phone _____

Email _____

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

_____ Free/Reduced Meal Discount - Documentation Required in FOCUS

_____ Two or More Siblings Discount - Please only fill out one application per family

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. Band Discounts will be reflected on the yearly Financial Statements.

Director Comments:

This application has been accepted: _____

This application has been rejected: _____

Reason for rejection: _____