

PACE HIGH SCHOOL BAND  
2024-2025 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**

Please attach a copy of documentation that confirms your child is on free/reduced lunch. Documentation from the previous year will be accepted. You can get this information from guidance if you do not already have it.

\_\_\_\_\_ **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. Band Discounts will be reflected on yearly Financial Statements.**

Director Comments:

This application has been accepted: \_\_\_\_\_

This application has been rejected: \_\_\_\_\_

Reason for rejection: \_\_\_\_\_