DeLand HS Band- Financial Responsibility Form 2024-2025 (Instrumentalist)

Student Name:	Alpha ID:
Please select ONE of the first four choices for our \$37	5 fair share band fees.
I choose to settle the band fee balance up fr	ont.
I choose to settle the band fee balance in for 9/27/24, \$100 by 10/25/24, \$75 by 11/22/24).	ur installments described here. (\$100 by 8/16/24, \$100 by
I choose to settle the band fee balance in momenths. I/we will pay off the balance no later than 3/1	onthly installments of \$46.88 per month for eight (8) 5/2025.
	r to contact me to discuss alternative options. I understand be discouraged from participation for monetary reasons.
Additional Fees	
My child will be purchasing required marching	ng shoes (\$40) on Uniform Day.
	t during the school year (including percussion). There is a nents needed. Please include a separate payment for this e.
My child will be participating in Jazz Band (\$.	50 class fee).
Donations	
I would like to sponsor a child's band fees fo	r the year (\$375).
I would like to sponsor a child's marching sh	oes for the year (\$40).
I would like to make a monetary donation to	help "Feed the Band".
Discounts (choose ONLY ONE)	
I have another student participating in the D subsequent student. (students 2, 3, 4, etc).	eLand High School Band. You will receive a \$50 discount per
Name(s)	
I choose to pay my band fee balance by the	end of August to receive a \$50 discount.
Students with outstanding band fees will not be all Day, optional travel, and the band banquet.	owed to participate in extra functions such as FSU Band
Parent/Guardian Signature:	
Parent/Guardian Printed Name:	Date:
Please indicate the best means to contact you if necess	sary.
Phone: Email:	