

# DeLand High School Band- Financial Responsibility Form 2020-2021

Student Name: \_\_\_\_\_ Alpha ID: \_\_\_\_\_

**Please select ONE of the first four choices for our \$375 fair share band fees.**

\_\_\_\_\_ I choose to settle the band fee balance up front.

\_\_\_\_\_ I choose to settle the band fee balance in monthly installments described here. (\$100 by 8/21/20, \$100 by 9/30/20, \$100 by 11/11/20, \$75 by 1/8/21).

\_\_\_\_\_ I choose to settle the band fee balance in monthly installments of \$46.88 per month for eight (8) months. I/we will pay off the balance no later than 4/1/2021.

\_\_\_\_\_ I would like the BPA Treasurer/Band Director to contact me to discuss alternative options. I understand that the organization's stance is that no student should be discouraged from participation for monetary reasons.

## **Additional Fees**

\_\_\_\_\_ My child will be purchasing required marching shoes during band camp. Shoe prices to be released during band camp. These typically run \$35-40.

\_\_\_\_\_ I will need to use a school owned instrument during the school year (including percussion). There is a \$50 fee per semester for rental and includes all instruments needed. Please include a separate payment for this denoting "instrument rental" on the check or envelope.

## **Donations**

\_\_\_\_\_ I would like to sponsor a child's band fees for the year (\$375).

\_\_\_\_\_ I would like to sponsor a child's marching shoes for the year (\$35-40).

\_\_\_\_\_ I would like to make a monetary donation to help the program as a whole.

## **Discounts (choose ONLY ONE)**

\_\_\_\_\_ I have another student participating in the DeLand High School Band. You will receive a \$50 discount per subsequent student. (students 2, 3, 4, etc).

Name(s) \_\_\_\_\_

\_\_\_\_\_ I choose to pay my band fee balance by the last day of band camp. You will receive a \$50 discount by paying these fees prior to the start of the school year.

**\*\*Students with outstanding band fees will not be allowed to participate in extra functions such as FSU Band Day, optional travel, and the band banquet.\*\***

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the best means to contact you if necessary.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_