

**Application for Student Fee Waiver Instrument
Denton ISD**

Campus _____

Academic Year 2014-2015

Section A – Student

Name _____ Address _____

Phone/Cell _____ Student Identification Number _____

Instrument Qualification Status: Full _____ Partial _____ Other Circumstance - Requires written explanation

Section B – Student Band or Orchestra Instrument

Year in School: 5th _____ 6th _____ 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

Band - Name of Instrument _____

Orchestra - Name of Instrument _____ Size: Circle ¼ ½ ¾ Full or Inches _____

Model: _____ Serial Number: _____

Case Number: _____ DISD Barcode: _____

Condition: New Excellent Good Fair

Estimated Value: \$ _____

Accessories issued: _____

Section C – Parent or Legal Guardian

Name _____ Address _____

Phone/Cell _____ E-mail address _____

Section D – Certification - Parent or Legal Guardian

I am requesting that my child be considered for a Fee Waiver instrument to use while a member of the DISD band or orchestra program. I understand that this request is based on qualification through an application filed with DISD Child Nutrition after July 1st each year and that I must attach a copy of the current year's "Notification of Approval for Free or Reduced Lunch Meals" letter to this form in order to verify my child's qualification for use of a school-owned Fee Waiver instrument.

If approved, I accept full financial responsibility for the care of, damage to, or loss of the district-owned Fee Waiver instrument. I further agree that I will return the instrument upon request.

I understand that approval of the "Full" status for a district Fee Waiver instrument will require payment of \$25.00 and approval of "Partial" status for a district Fee Waiver instrument will cost \$50.00 per year (\$25.00 for percussion).

Print Name

Parent/Guardian _____

Signature

Parent/Guardian _____

Approved Request / Signature of Director _____

Date _____