



Spirit of Saginaw Band Fees  
Waiver Request

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Parent Email \_\_\_\_\_

Automatic Waivers are allowed for the following (attach proof):  
Lone Star Card Holders  
Free School Lunch Program\*  
WIC eligible families

I am requesting band fees be waived/reduced (circle one)  
for the \_\_\_\_\_ to \_\_\_\_\_ school year

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Partial or Case by Case waivers are also available for those in the reduced School Lunch Program.  
Please fill out the information requested above.