

Hough High School Band Members

Request to use Charms Credits

Date: _____ Amount Requested: _____

Student Name: _____

Purpose of Request:

- To offset outstanding Lab Fees**
- To offset outstanding Band Trip Expenses**

The undersigned is the parent/guardian of the above-named Student. I confirm that this requested use of Charms Credits complies with the Charms Policy.

Signature: _____

Printed Name: _____