

**PALO ALTO CHINESE SCHOOL**  
**柏拉阿圖中文學校**

TUITION REFUND REQUEST

Class: \_\_\_\_\_ Student's Name: (中文) \_\_\_\_\_ (English) \_\_\_\_\_

Class: \_\_\_\_\_ Student's Name: (中文) \_\_\_\_\_ (English) \_\_\_\_\_

Class: \_\_\_\_\_ Student's Name: (中文) \_\_\_\_\_ (English) \_\_\_\_\_

Parent's or Guardian's Name: (中文) \_\_\_\_\_ (English) \_\_\_\_\_

Address: \_\_\_\_\_

Reason For Withdrawal: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Amount of Refund: \_\_\_\_\_  
(accounting use only)

Parent's or Guardian's Signature: \_\_\_\_\_

**Registration Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved and Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Accounting Use Only:**

	per student	x number of students	total
tuition paid			
less: fee			
less: tuition deduction			
total refund			

Check Number: \_\_\_\_\_ Date paid: \_\_\_\_\_