

芝北中文學校

CHICAGO NORTH CHINESE SCHOOL

CNCS Language Class Registration Refund Request Form

CNCS Refund Procedure

- Refund deadline for each semester is 5th class week
- No refund for the semester starting 6th class week of the semester
- One form per family
- Provide correct address for check mailing
- Check payable to parent/guardian name listed
- Refund could take four weeks; any questions, inquire with Registration Officer

Application Section: (Print Clearly)

Date of request: _____

Parent/Guardian Name: _____ (English) _____

- I am withdrawing all my children from school (Check box) Yes No
- If no, how many children remained in school? (List number) _____

Withdrawn Student 1 Name (Chinese): _____(English) _____ Class: _____

Withdrawn Student 2 Name (Chinese): _____(English) _____ Class: _____

Withdrawn Student 3 Name (Chinese): _____(English) _____ Class: _____

Mailing Address: _____

(City, Zip) _____ Telephone: _____

Total Amount Requested: \$ _____ x No of Student(s) _____ = Total, \$ _____

Check will be (check box) Mailed or Pickup

Office Routing/Procedure (must follow steps 1-8; attach an office message form if any further explanation is needed):

1. Receiving officer signature: _____ Print Name: _____
2. Form complete correctly: Yes (Checked by receiving officer/Place form in Registration mail slot)
No (Return the form to applicant)
3. Date received by Registration: _____ Registration officer initial: _____
4. Approval signature by Registration: _____ (Keep original copy by Registration)
5. Copy to Discipline: _____ (check when done, place in Discipline mail slot)
6. Copy to MIS: _____ (check when done, place in MIS mail slot)
7. Copy to Curriculum: _____ (check when done, place in Curriculum mail slot)
8. Copy to Treasurer: _____ (check when done, place in Treasurer mail slot)

Treasury Use

Total amount refunded: \$ _____ Check number: _____ Date issued/mailed: _____

Inform Registration Officer: Yes or No Comments: _____