

P.O. BOX 32988, San Jose, CA 95152 Voice Mail: (408) 5200-BCS Email: bcs\_board@yahoo.com www.bcs-usa.org

## 學費退費申請單 Tuition Refund Request Form

## 退費規則 Refund Policy

務請詳細填寫,資料不全恕不受理 Incomplete request will not be processed.

- 1) 新生報名費和任何的特別手續費一律不退費。
  New student registration fee and other special fees are not refundable. Outstanding balances will be deducted.
- 2) 每學年之學費僅在每學年前三週接受申請退費。學校可能要求申請人出示付款證明。
  The tuition is refundable only during the first two weeks of the school year. Proof of the original payment may be required.
- 3) 除非文化班被取消的情況下以外,所有退費將扣除手續費。

All refunds will be subjected to a	processing fee per class except for c	ancelled cultural cla	SS.		
學生中文姓名 Chinese Name		學生 英文姓名 Student English Name			
		□語文	文班 Language Class:		
	請選擇退費 Please se	請選擇退費 Please select refund □ 文化班 Cultural Class:			
退費理由 Reasons for Refund					
	1 (P. P. 40 P. P. P. 10)				
支票接收人的英文姓名 Check payab	le to (PLEASE PRINT)				
郵寄地址 Mailing Address		- <u></u> 城市 City		郵區 Zip Code	
家長英文姓名 Parent's Name	家長簽名 Parent's Signature	日期 Date	聯絡電	話 Phone number	
	OFFICE	USE ONLY			
學校幹事 Staff Member Name			Date :		
	Received By (Language):  Received By (Cultural):				
	Received by (Cultural).		Date		
註冊組 Registration Dept.	Approved By:		Date :		
財務組 Finance Dept.	Original Check #		Tuition Paid \$		
	☐ Language Class ☐ Cul	ture Class	Processing Fee(s) \$		
	Refund Check #		Refund Amount: \$		
	Processed By:		Date:	□ Posted	