

REFUND APPLICATION

<p style="text-align: center;">Hua Xia Chinese School (Edison NJ Branch) PO Box 2002 Edison NJ 08818 Phone (908) 789-5898</p>	Mail To Address () Pick Up ()
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Pay To: _____ Name: _____ Phone: _____ Address: _____ City/State/Zip: _____	<p style="text-align: center; font-weight: bold;">Applicant Signature:</p> <p style="text-align: center; color: green; font-size: 1.2em; font-weight: bold;">Must Sign</p>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; color: green; font-weight: bold;">Must filled</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Registration Phone</td> <td style="text-align: center;">Application Date</td> </tr> </table>	Must filled		Registration Phone	Application Date
Must filled					
Registration Phone	Application Date				

Student Name	Classes	Tuition	Percent	Refund	Sub
					\$
					\$
					\$
					\$
					\$
					\$
	(Duty Fee Refund)				\$
	Management Fee Refund				\$

	Sub Total	\$
	Total:	\$

Official Use Only	
<p style="text-align: center; font-weight: bold;">Verified By</p>	<p style="text-align: center; font-weight: bold;">Paid</p> Date: _____ Check: _____ Amount\$ _____
<p style="text-align: center; font-weight: bold;">Approved By</p>	<p style="text-align: center; font-weight: bold;">Accountant</p>

_____ Received By/Mail By and Date
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