



華仁中文學校

Chinese Heritage School of New Jersey

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TUITION REFUND FORM

Student Name _____ Class _____ SID# _____

Address _____

Home Phone _____ Cell _____

Email _____

Refund Requested _____ Date _____

Reason for Refund _____

Check

Zelle

_____ *Check payable to or Zelle email / phone number information*

Parent's Name _____ Signature _____ Date _____

FOR OFFICE USE ONLY

Approved by _____ Title _____
Signature _____ *Date* _____

Date _____ Ref # _____

Check # _____ Zelle # _____

Amount \$ _____

Signature of Receipt _____ Date _____