

芝北中文學校

CHICAGO NORTH CHINESE SCHOOL

CNCS Elective 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 student
- Provide correct address for check mailing
- Check payable to parent/guardian name listed
- Refund could take four weeks
- Any questions, inquire with Elective Officer

Application Section: (Print Clearly)

Date of request: _____

Parent/Guardian Name: _____ (English) _____

Student Name (Chinese): _____ (English) _____

Elective Class 1: _____ \$ _____

Elective Class 2: _____ \$ _____ Total \$ _____

Mailing Address: _____

(City, Zip) _____

Telephone: _____

Children Basketball	\$110
Children Batminton	\$ 80
Judo	\$ 70
Chinese Painting	\$110
Folk Dance	\$100
Chinese Culture	\$80
Chinese Yo Yo	\$60
Aerobic	\$ 70
Adult Basketball	\$ 50
Adult Batminton	\$ 50
Calligraphy	\$ 50
Chinese Painting	\$150
Tai Chi	\$130

Check will be ☐ Mailed or ☐ Pickup

Office Routing/Procedure (must follow steps 1-6; 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 Elective mail slot)
No (Return the form to applicant)
3. Date received by Elective: _____ Elective officer initial: _____
4. Approval signature by Elective: _____ (Keep original copy by Elective)
5. Copy to MIS: _____ (check when done, place in MIS mail slot)
6. Copy to Treasurer: _____ (check when done, place in Treasurer mail slot)

Treasury Use

Total amount refunded: \$ _____ Check number: _____

Date issued/mailed: _____ Inform Elective Officer: Yes or No

Comments: _____

July 2004