NewStar Chinese School

Refund Request Form

Student Name: _____

NewStar Grade: _____

Parent Name: _____

Phone Number: _____

Address: _____

Refund Request Date: _____

Refund Purpose: _____

Principal Signature: _____

* Please fill in and submit to one of our board members or email to nscs.finance@gmail.com

.....For Accounting Use Only……

Paid Check Number: _____

Date: _____

Amount: _____

Refund Check Number: _____

Date: _____

Amount: _____