NewStar Chinese School

Refund Request Form

Student Name: _____

Parent Name / Payment attn to: _____

Refund Request Date: _____

NewStar School Year and Class for Refund: _____

Refund Reason: _____

Refund Payment Method: _____ Check or _____ Zelle

Mailing Address and Phone Number:
(If Refund by Check through Bill Pay) _____

Zelle Account:
(If Refund by Zelle Pay) _____

* Please fill in and submit to nscs.finance@gmail.com