ACSGD - 底特律中文学校
Tuition Refund Request

Requester's Name: _____

Requester's Email: _____Requester's Phone: _____

Requester's Address for Check Refund: _____

Order ID	Student Name	Class (CID)	Reason Code	Check # or QuickPay Info	Actual Paid Amount	Volunteer Work Deposit	Non-Refundable Registration/ Textbook Fee	Tuition Refund Amount
Total Refund in USD								

1) Parent/student's request (Tuition refund less registration fee and textbook fee, per school policy)

2) Class cancellation by school (Full refund including registration fee and textbook fee (if returned))

3) Other, please specify _____

Requester's Signature: _____ Date_____

ACSGD School Use Only		
Processed; Database recorded by (ACSGD Staff)		Date:
Approved by (Vice Principal for Chinese classes; Vice Principal for culture classes)		Date:
Payment recorded by (ACSGD Accountant)		Date:
Check # or QuickPay Info:		