

聖荷西華人天主堂
SAN JOSE CHINESE CATHOLIC MISSION

聖心學校學生減免學費/退費申請表 TUITION WAIVE OR REFUND REQUEST

申請日期 Request Date: _____

申請類別 Request for: 減免學費 Tuition Waive or 退費 Refund \$ _____

學生姓名 (如果多個學生, 請用逗號分開): Student(s) Name(s) (Please separate with comma)

中文 Chinese Name(s) _____ 英文 English Name(s) _____

班別 (Grade): _____ 道理班 CM 中文班 Chinese Class

申請人 (家長中英文姓名) Applicant (Parent's Name):

中文 Chinese Name(s) _____ 英文 English Name(s) _____

理由 Reason: _____

申請人 (家長)簽字 Applicant (Parent) Signature _____

注釋 Note:

- 請填寫完後, 送交行政組處理 Fill out the request and submit to school admin.
- 減免學費必須與報名表一起附送 Registration form should be attached for Tuition Waive Request.
- 退費申請請參閱申請表中退費原則 Please refer to Registration form for Refund policy.

通過 Approved

拒絕 Denied

拒絕理由 Reason for Deny: _____

行政組簽字 Admin Signature: _____ 簽字日期 Request Date: _____

行政組姓名 Print Name: _____