Please complete form in entirety for processing:

學生姓名: (中文)	Student Name: Last	First Middle	
住址: Address:	家長姓名: Parent/Guardia	家長姓名: Parent/Guardian (check payable to):	
	Father Phone:	Mother Phone:	
Class To Be Withdrawn: (please s	pecify how many classes attended):		
Reason for Withdrawal:			
Signature	Date		
automatically dropped for non-a Withdraw PRIOR TO the first office Withdraw ON or AFTER the first base on 10 classes) All class withdrawal deadline is See Refund will be issued by credit car Withdrawal Procedures: Please complete this form and eith	ficially withdraw from a class if they do not planttendance.  cial class day: Full tuition minus withdrawal fee official class day: Students are financially response to the property of the control of t	onsible for their pro-rata share of tuition. (Pro-rated be given if received past these deadlines.	
☐ Contact Person:	Audrey Fan		
☐ Refund Mailing Address:	P.O. BOX 261810 Plano, TX 75026-1810		
☐ Contact Number:	Audrey@huahsing.com, 972-612-2823		

Office Use Only			
日期:	日期:	支票號碼:	
Date Received:	Date Mailed:	Check #:	
經手人:		合計:	
Officer:		Total Refunded:	