



矽谷中文學校
 Silicon Valley Chinese School
 P.O. Box 700762
 San Jose, CA 95170-0762
 Web Site: www.svcs-us.org

學生休/退學申請表

Student Withdraw Request Form

學生姓名(中): _____ (英): _____
Student Name (Chinese) *Student Name (English)*

就讀班級: _____ 電話: _____
Registered Class *Parent's Phone Number*

休學事由 (Optional): _____
Withdraw Reason (Optional)

退費支票抬頭: _____ (退費辦法請參照學生家長手冊)
Refund Check Payable to *(SVCS will follow the refund policy in the Student-Parent Handbook to issue refund check.)*

郵寄地址: _____
Mailing Address

家長簽名: _____ 日期: _____
Parent Signature *Signature Date*

Office Use Only

經辦人

註冊: _____ 收件日期: _____

已繳交費用: \$ _____

扣繳: 註冊費: \$ _____

未完成服務點數罰款: \$ _____

退款總計: \$ _____