



## Refund Request Form

(Fill out, sign and e-mail to [JLong@southlandscs.com](mailto:JLong@southlandscs.com))

### 申请退款表格以及退款代收人资料

Student Name : \_\_\_\_\_ Grade: \_\_\_\_\_  
学生姓名 年级

Refund Item: \_\_\_\_\_ Amount(\$): \_\_\_\_\_  
退款项目 金额

I (家长名字) \_\_\_\_\_, parent(s) of the above student, hereby **authorize**  
**the person indicated below to receive a refund from the student's tuition account.** I (we) understand that the  
refund will be disbursed in form of check only and will require 10 working days to be processed.

此表格应由学生家长填写并签字，由此代表家长同意本校把退款的支票写到此表格提及的除了家长和学生本人以外的第  
三方名下。本校将不会为依据此表格所签发的支票做出任何金钱赔偿。

Payee (who will receive the check on  
behalf of the student/parent. A check will  
be issued under the name of this person) \_\_\_\_\_  
退款代收人（支票将写到此人名下）

Address: \_\_\_\_\_  
地址 \_\_\_\_\_

Phone Number \_\_\_\_\_  
电话

E-mail Address \_\_\_\_\_  
电邮

Delivery: ☐ Please mail the check to above address ☐ Will pick up  
接收方式: 请寄出此支票 学生或代收人会到学校领取

I (we) hereby certify that the information above is true and accurate. 我们确定以上资料无误。

Parent Signature (家长签名):

Date (日期)

Phone Number (电话):

E-mail Address (电邮):

Accounting Use Only:

学校会计部门专用，请勿填写

APPROVED BY: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Check No.: \_\_\_\_\_