



聖荷西華人天主教會  
San Jose Chinese Catholic Community

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 (X)\_\_\_\_\_ 退費 Refund (X)\_\_\_\_\_ \$ \_\_\_\_\_

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 \_\_\_\_\_ 英文 English Name \_\_\_\_\_

班別 (Grade): 道理班 CM (X)\_\_\_\_\_ 中文班 Chinese Class (X)\_\_\_\_\_

年級 Grade \_\_\_\_\_

申請人 (父母中英文姓名) Applicant (Parent's Name):

中文 Chinese Name \_\_\_\_\_ 英文 English Name \_\_\_\_\_

理由 Reason: \_\_\_\_\_  
\_\_\_\_\_

申請人簽字 Applicant 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 (X)\_\_\_\_\_

拒絕 Denied (X)\_\_\_\_\_

拒絕理由 Reason for Deny: \_\_\_\_\_  
\_\_\_\_\_

行政組簽字 Admin Signature: \_\_\_\_\_ 行政組姓名 Print Name: \_\_\_\_\_