

# Huaxia Chinese School at Great Valley Withdrawal Form

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Date Requested

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Parent's Name

Email Address

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Student's Name

Phone#

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Class & # Time code

Expected Last Date

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Tuition Paid

Instructor

## Reason for withdrawal

Moving

Cost

Scheduling Conflict

Other

Comments:

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I understand that my registration will be cancelled when the Huaxia Chinese School at Great Valley receives this Complete withdrawal form. If I change my mind, I must re-register but may possibly lose the class I was previously enrolled in.

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Parent's Signature

Date

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## Office Use

Cancelled Class \_\_\_\_\_ Effective Date \_\_\_\_\_

Pro-Rated Refund \_\_\_\_\_ Check# \_\_\_\_\_ Refund Date \_\_\_\_\_

P O Box 286, Uwchlan, PA 19480

Email: [registration@hxgv.org](mailto:registration@hxgv.org)