

STUDENT WITHDRAWAL FORM

Riverview Christian School

Child(ren)'s Name _____

Last day of attendance at RCS _____

____ Please hold my tuition on deposit/overpayments for later use.

____ Please donate my tuition on deposit/overpayment for use at RCS.

____ Please donate my tuition on deposit to a needy family at RCS.

____ Please refund my tuition on deposit/overpayment and mail to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone _____

Cell/ Work # _____

Parent Signature: _____

Date: _____

REFUND INFORMATION (office use only)

Key amount to refund: _____

Tuition amount to refund: _____

Amount of outstanding bill: _____

TOTAL AMOUNT OF REFUND DUE: _____

Completed form is to be put into child's permanent file