



Chinese School Andover

P. O. Box 870  
Andover, MA 01810

:

Please send completed form to: CSA, P.O. Box 870, Andover, MA 01810

# CSA Registration Change Request

Date: \_\_\_\_\_ CSA ID: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Student Name	Class Name	Type of Change*	Reason	Office Note

\* Please specify the type change as one of the following:

- Cancel Class
- Change Class
- Return Books
- Waive Membership
- Waive Registration Fee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_ CSA Check # \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....