## Faith Baptist Christian Academy Tuition / Fee Refund Appeal Form

	MATION (All information is requ	ired):		
Name:				
Email Address:				
Mailing Address:				
City:	State:	Zip code:		
Student Status:	I-20 High School	I-20 Post-GradU. S	S. StudentU. 1	S. Post-Grad
Cell Phone:				
Annual Tuition A	mount:			
Amount of Tuition Paid To Date: Monthly Amount			nount Paid To Date:	
Amount Request	ed To Be Refunded:			
Identify the term	and year for which you are ap	pealing.		
Term/Year: Fall	Spring	Summer		
What was your last	t date of attendance?			
Have you appeale	ed for a tuition/fee refund in th	ie past?		
□ Yes	For which term(s) and yea	r(s)		
<b>Refund Request:</b> Please explain you	r situation to the Tuition and Fee	Refund Anneals Committee (	and the outcome you are	seekina
Signature		Date		
•	hristian Academy e Refund Appeals Committee			

Allow 3 to 5 weeks for a response. A response will be sent to the mailing address on this form.

## **FBCA Withdrawal Policy**

It is understood, upon enrollment, that a family is choosing to enroll their student for the entire year and FBCA budgets are set accordingly. If you withdraw your child before the end of the year, a 30 day advanced <u>written</u> notice is required. FBCA is unable to make full refunds for early withdrawals. <u>Partial refunds may occur at the discretion of the school's administration. The remaining</u> <u>month's tuition following the student's last day of school, plus the next two months' tuition will be assessed as a withdrawal fee</u>. Parents are responsible for a full month's tuition once a student has attended four (4) days of classes/training within the month(s) in question.