

Airport Reception Form

PERSONAL INFORMATION

1. Given Name(s) _____ Family Name _____
Preferred Name _____
2. Date of Birth ____ / ____ / ____ Gender Male Female Indeterminate
Day Month Year
3. Parent / Guardian / Next of Kin full name _____ Relationship _____
Email _____ Business Tel _____ Mobile _____
4. Emergency Contact Details (if unable to contact parent / guardian / next of kin)
Full Name _____ Relationship _____
Phone _____ Fax _____ Mobile _____
5. Student's Email _____ Student's Mobile _____
6. Nationality on Passport _____ Passport Number _____

AIRPORT PICK-UP AND TRANSFER DETAILS

Flight Details

Arrival Airport _____
Flight Number _____
Departure City _____
Departure time _____
Arrival time _____

Transfer to location

Please provide the Address where you would like to be transferred

Street Address _____
City _____
State _____
Post Code _____

Please note that the completed information on this form will be forwarded by SERO Institute to the nominated airport transfer service provider/s.

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have provided accurate and complete information regarding my flight / arrival details
2. I agree to pay the fees in advance for the airport transfer service, directly to the service provider.

Signed: _____ Date: _____
Student

Print Name: _____

Signed: _____ Date: _____
Parent / Guardian, if student is under 18

Print Name: _____