



Airport Pickup Request Form

Family Name: Given Name:

Date of Birth: ___/___/___

Address (Home country):

.....
.....

Tel: (.....)..... Fax: (.....).....

Email:

Agent:

Agent Contact: Mr / Ms.....

Tel: (.....)..... Fax: (.....).....

Email:

Flight Details

Melbourne Arrival Date: Airline: Flight No:

Time: AM / PM (Please attach a copy of your ticket)

Any special needs? (e.g., wheelchair, large amounts of luggage)
(When you book your flight, send us this information immediately)

If you plan to travel with other members of your family, you must advise the Student Support officer. After completing this form, please send it to apply@asoc.edu.au

This form must be received no later than 72 hours via email prior to your arrival and during office hours. (Monday – Sunday 9.00 AM – 5.00 PM AEST)

If there are any queries, call us on 1300 78 1194

Student Signature _____ Date _____