Airport Reception Form

Personal Details

1. Enter your full name

Family Name (Surname)

Given Name

2. Enter your birth date

Day/month/year

3. Gender

Male ☐ Female ☐ Other ☐

4. Enter your contact details

Home phone	Work phone
Mobile	Email

5. Passport Number

6. Citizenship (as per passport) _____

7. Parent/Guardian/Next of Kin

Full Name	
Home phone	Work phone
Mobile	Email address

8. Emergency Contact Details (if we are unable to contact parent/ guardian)

Full Name	
Mobile	Email address

Airport Pick-Up and Transfer Details

9. Flight Details

Arrival airport:
Flight number:
Departure city:
Departure time:
Arrival time:

10. Transfer to location:

Please write the Address where you want to be transferred
Street address:
City:
State:
Post Code:

QUALITY EDUCATION, DELIVERED.

Please Read and Sign Below

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

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

NAME _____ **DATE**: _____

SIGNATURE: _____

For students under 18 years of age (if applicable):

PARENT/ LEGAL GUARDIAN NAME_____ **DATE**: _____

PARENT/ LEGAL GUARDIAN SIGNATURE: _____