



## Airport Pickup 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 \_\_\_\_\_
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: \_\_\_\_\_  
Student

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

Print Name: \_\_\_\_\_

