



# Airport Pickup Request Form

*St Albans Institute Pty Ltd t/a Hawk Institute*

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)*

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*If you plan to travel with other member of your family, you must advise the Student Support officer. After completing this form, please send it to [apply@hawkinstitute.edu.au](mailto:apply@hawkinstitute.edu.au) or [info@hawkinstitute.edu.au](mailto:info@hawkinstitute.edu.au)*

*This form must be received within 5 working days via email prior to your arrival and during office hours. (Monday – Friday 9.00 AM – 5.00 PM AEST) to avoid any inconvenience.*

*If there are any queries, call us on 1300 159 461*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_