

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 member of your family, you must advise the Student Support officers. After completing this form, please send it to info@hawkinstitute.edu.au or apply@hawkinstitute.edu.au.

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

If there are any queries, call us on 03 9043 3926.

Student Signature: _____ **Date:** _____