Airport Pickup Request Form

PERSONAL DETAILS

Family Name: .....Given Name: .....

Date of Birth: _____/_____/_____

Address (Home country):

.....

.....

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

Email: .....

Education Agent:

.....

Education Agent Contact: Mr / Ms.....

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

Email: .....

AIRPORT PICKUP

Flight Details

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 members of our family, you must advice the Student Support Officer. After completing this form, please send it to contact@thefca.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 1800 843 322 | +61 3 8658 7474 (Outside Australia).

PAYMENT DETAILS

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Student Signature_____

Date_____