



AUSTRALIAN STUDY LINK INSTITUTE

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CRICOS No: 03483G | RTO No : 40794

Airport Pickup Request Form

Family Name:Given Name:

Date of Birth: ____/____/____

Address (Home country):

.....
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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 advice the Student Support officer. After completing this form, please send it to tosso@asli.vic.edu.au.

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

If there are any queries, call us on +61 3 9639 9951, 1300 200 839,

Student Signature _____ **Date** _____