



RTO Code: 32303 CRICOS Code: 03528K Address: 205 North Quay, Brisbane Queensland 4000, Australia

Website: www.seroinstitute.com.au Email: info@sero.edu.au Telephone: +61 7 3229 6000 / 1800 206 010

Airport Reception Form

PE	ERSONAL INFORMATION					
1.	Given Name(s)		Family Name			
	Preferred Name		_			
2.	Date of Birth///		Gender \square 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 cont	act parent / guardian	/ next of kin)			
	Full Name		•		Relationship	
	Phone					
5.						
6.		Student's MobilessportPassport Number				
	RPORT PICK-UP AND TRANSFER DETAILS ht Details					
_	val Aireaut					
	val Airportht Number					
	antura Citu					
	artura tima					
	val time					
	nsfer to location					
	ase provide the Address where you would like	to be transferred				
	eet Address					
ity						
tat						
	t Code					
	se note that the completed information on this form EASE READ AND SIGN BELOW	n will be forwarded by SE	RO Institute to the nomi	natea airport tro	insjer service provider/s.	
	igning below, I confirm that:					
, - L.	I have provided accurate and complete info	rmation regarding my	flight / arrival details			
2.	I agree to pay the fees in advance for the air		-	provider.		
Sig	gned:	,	•	Date:		
		Student				
	int Name:			<u> </u>		
Sig	gned:	rdian, if student is under 18		Date:		
D∽	Parent / Gua	iruiaii, ii student is under 18				