**Request for Airport Pick up**

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| **Conditions of use** |
| * Please submit your request with a copy of your flight itinerary (ticket) at least 1 week before your arrival. Email: info@latrobemelbourne.edu.au * Fee for the Airport Pickup service is $120 (one way) * Once we have processed your request, information of your airport pick up service will be sent to you as confirmation directly from TOGOTO. http://www.togoto.com.au/melbourne-student-transport/ Please take note, we are unable finalize your airport pick up until all required information is received. * Any additional fees or charges applicable to your airport pickup can be discussed directly with TOGOTO. * Any changes to your arrival information will need to be notified 24 hours prior to your confirmed arrival into Australia * For refund information please refer to the LTCA refunds policy (https://31c0bf69bed7e9a991ec-3427e94035779112084d02f44e895e28.ssl.cf6.rackcdn.com/80\_Refund\_Policy\_1.9.pdf) | |

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| **STUDENT DETAILS** | | | |
| **Family Name** |  | **First Name** |  | |
| **Student ID** |  | | **Sex: Male Female** | |
| **Date of Birth** |  | | | |
| **Email / Phone** |  | | | |
| **Country of Arrival** |  | | | |

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| **EDUCATION AGENT DETAILS** | |
| **Agency Name** |  | |
| **Counsellor** |  | |
| **Phone and Email** |  | |

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| **AIRPORT PICK UP REQUEST INFORMATION** | | | |
| **Arrival Date** |  | **Arrival Time** | **AM / PM** | |
| **Flight Number** |  | | | |

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| **ACCOMMODATION DETAILS (DESTINATION)** | | | |
| **Street Address** |  | | | |
| **Suburb** |  | **Post Code** |  | |

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| **HOMESTAY DETAILS** | | | |
| **Name of Homeowner / Homestay** |  | **Mobile** |  | |

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| **STUDENT DECLARATION** |
| * I acknowledge that La Trobe College Australia reserves the right to vary or reverse any decision regarding my course admission based on incorrect or incomplete information. * I acknowledge that I have read and understood the information stated on this form and certify that the information provided on this form is, to the best of my knowledge, complete and accurate. * I understand that I must provide updated contact details to the College as soon as the change takes effect. | |

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| **Student Signature:** | **Date:** |
| **If under the age of 18 years, Parent or Guardian’s Signature** | **Date:** |