

ARRIVAL INFORMATION SHEET

If you would like to be picked up at the airport, please complete the following information requested below and RETURN TO OUR OFFICE AS SOON AS POSSIBLE. **Please plan to arrive one or two days before to the starting date of the term.**

FLIGHT INFORMATION

Airline: _____ Departure City: _____
Flight #: _____ Arrival Date: _____
Arrival Time: _____ Arriving Airport: _____
Connecting Flights: _____
Ticket Record Locator #: _____

PERSONAL INFORMATION

ATTACH PHOTOGRAPH HERE

First Name: _____
Family Name: _____
Nationality: _____
Local Phone: Day _____
Night _____
Local FAX: _____
Email: _____

Permanent Address:

Local Address:

(U.S.A.): _____

Age: _____ Sex: M () F () Height (in inches): _____

Weight (in pounds): _____ Hair Color: _____

Glasses: ___ Yes ___ No Contact Lenses: ___ Yes ___ No

Do you have a disability? ___ Yes ___ No If yes, please state disability and list any special arrangements needed for airport pickup.

Will a friend or relative be picking you up at the airport? _____

Please list any other information that you feel is important for us to know.

While we will do our best to greet you, occasionally there may be a problem. Should you miss us, please refer to the attached arrival instructions.