STUDENT WELFARE CHECKLIST

Please check the following boxes of the table below and provide all necessary information.

Airport pickup:		YES		NO						
Flight Number:				Arrival Date: DD / MM / YYYY			Arrival Time:			
Service Provider:				Car Registrati	Car Registration:			Pickup Person:		
Airport dropoff:		YES NO								
Flight Number:				Departure Dat	Departure Date: DD / MM / YYYY			Departure Time:		
Service Provider:				Car Registrati	Car Registration:		Dropoff Person:			
Attach Flight details										
Guardian Arrangement:			Parent			Student Guardian Services				
Guardian Name:			Guardian Phone:			Guard		ian email:		
Accommodation: Service apartme				ent with parents	nt with parents Homestay			Student dormitory		
Accommodation address:						Host family contact name:			Dormitory contact name:	
						Phone number:		Phone number:		
Attach accommodation booking details										
Additional Informa	ıtior	า:								

