

Student Name: _____

APPLICANT INFORMATION

Student Name _____
Date of Birth _____
School Attending _____

Gender M F
Emergency Contact Number _____

FLIGHT INFORMATION

Departure

Departure Airport _____
Departure Date _____
Airline _____

Departure City _____
Departure Time _____ AM PM
Flight Number _____

Connecting Flight (if applicable)

Departure Airport _____
Departure Date _____
Airline _____

Departure City _____
Departure Time _____ AM PM
Flight Number _____

Arrival

Arrival Airport _____
Arrival Date _____
Airline _____

Arrival City _____
Arrival Time _____ AM PM
Flight Number _____

Note: This form must be received by Excella Education office by 10 days PRIOR to the student's arrival.