ARRIVALS FORM

school



St Lawrence College Ramsgate Kent CT11 7AE

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| Pupil Name | | |
|--|---|--------------------------|
| Pupil Mobile Number | | |
| t is essential that we carefully plan for the a | rrival of our new pupils to th | ne School. |
| To assist us in this task, we ask that you comso us at your earliest convenience: | nplete the details below in fu | ıll and return this form |
| Country of Origin The country you will be travelling from | | |
| Method of Transport Advise the primary method for travel | □Aeroplane* | ☐ Train |
| | □Private Car | □ Taxi |
| Anticipated Arrival Confirm the date & time you expect to arrive to the School | Date: | Time: |
| Flight Information *Advise additional travel details, if applicable | Flight Number: | |
| | Entry Airport (UK): | |
| | Flight arrival Time: | |
| | Method of Transport from Airport to School: | |
| Accompanying Parent/Guardians In addition to the enrolling pupil, please let us know the names of any/all those who will be accompanying him/her on arrival to the | No. of Adults: No. of Children: | Names: |