



SCHOOL DISTRICT NO. 34 (ABBOTSFORD)  
INTERNATIONAL PROGRAM

**AIRPORT RECEPTION SERVICE  
CONFIRMATION FAX FORM**

**INSTRUCTIONS**

Please complete this form with all the requested information then fax the form to our office.

<b>To</b>	Abbotsford School District International Program	<b>Fax</b>	604-504-7629
<b>From</b>		<b>Fax</b>	

**PERSONAL INFORMATION**

1. Student Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Gender
2. Number of adults accompanying the student (if any) \_\_\_\_\_
3. Name of Adult: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Gender
4. Name of Adult: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Gender

**ARRIVAL AND FLIGHT INFORMATION**

1. Date of Arrival at Vancouver International Airport: \_\_\_\_\_
2. Time of Arrival at Vancouver International Airport: \_\_\_\_\_
3. Flight Number: \_\_\_\_\_
4. Airline: \_\_\_\_\_

**Language Limousine is the name of our Airport Pickup Service Provider. Attached you will find instructions on the service. REMEMBER to take the instructions with you when you travel.**