

Student Registration Form - Domestic

School Name _____

Trip _____

Date of Trip _____

| Student Personal Details ** All information must be entered as per Passport ** | |
|---|--|
| Name | |
| Middle Name | |
| Surname | |
| Date of Birth | |
| Gender | |

| Parent/Legal Guardian Details | |
|-------------------------------|--|
| Full Name | |
| Contact Number | |
| Relationship to Student | |

| Additional Information | |
|-----------------------------------|--|
| Medical Condition/s | |
| Will the student carry an EpiPen? | |
| Dietary Requirements | |
| Other Special Requirements | |

Important Information

Dietary Requirements

Orbit World Travel will endeavor to cater for all medical dietary requirements however we cannot guarantee that airlines, hotels or restaurants will provide food, or an environment free of specific allergens.

Medical Conditions

If the student is carrying an EpiPen he/she will need a doctor's certificate to be able to carry the EpiPen on board the aircraft.

Travel Insurance

Travel insurance is compulsory for all our trips.

Deposits & Payments

A non-refundable deposit of \$150 per student is required to confirm the reservation.

Cancellation Fees

For all Orbit World Travel tours the following cancellation fees apply:

| Days of Notice | Fee Per Student |
|------------------|---------------------------------|
| 100 days or more | Loss of deposit |
| 99 – 65 days | 50% of the total package price |
| 64 days or less | 100% of the total package price |

I have provided the correct details and have read the important information.

Student Name _____ Signature _____ Date _____

Parent/ Guardian Name _____ Signature _____ Date _____

Save

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