**All Nations Christian College - Arrival Form**

**EVERY STUDENT who will be learning or living on campus**, please complete this form regardless of whether you have already given us this information in another communication with a member of our team. To be returned for the attention of Reception ([info@allnations.ac.uk](mailto:info@allnations.ac.uk)) by 9th April or two weeks before your arrival date if different. Thank You.

|  |  |
| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Last Name** (Family or Surname) |  |
| **All Students at College wear a name badge:** First and Last name as you would like it to appear on your badge |  |
| **Nationality** (as you would like it to appear on your badge) |  |
| **Mobile Phone Number** |  |
| **Email Address** |  |

**Arrival Dates:**

* New students will arrive on **Wednesday, 23rd April, from 14.00 – 16.00 pm.**

It is not usually possible to arrive earlier than the arrival date above. The only exception is families with small children, who must contact [conferences@allnations.ac.uk](mailto:conferences@allnations.ac.uk) to request alternative arrangements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of arrival** | | |  | |
| **Approximate time of arrival** | | |  | |
| **Tick the boxes that apply to you** | | | | |
| **I will be arriving by car** | | | ☐ | |
| **I will take the 724 bus from Heathrow Airport to Herts Regional College in Ware and I would like a lift from there. (We regret it is not possible to arrange a lift from any airports.)** | | | ☐ | |
| **I will be arriving at St Margaret’s (Herts) train station and I would like a lift from St Margaret’s (This is on the Hertford East Line from London Liverpool Street Station)** | | | ☐ | |
| **I do not need collecting from anywhere.** | | | ☐ | |
| **I am likely to arrive outside Reception hours (09.15 to 17.15 Monday to Friday) and therefore need a student to meet me and let me into College** | | | ☐ | |
| All students are invited to join the Welcome Dinner on Wednesday 23rd April at 6pm. Please indicate the number of meals you require | | | Adult:  Child: | |
| **Which meal will be your first meal in college?** | | Meal | | Date required |
| Breakfast 07.50 | |  |
| Lunch 13.00 | |  |
| Evening Meal 18.00 | |  |
| **Do you have any special dietary requirements?**  **Yes □ No □** | **If yes, please give details:** | | | |