

COLLÈGE D'AÉRONAUTIQUE



ACADEMY OF AERONAUTICS

PHOTO

STUDENT ENROLLMENT APPLICATION

Name of Student:	
Date of birth:	Languages Spoken: 1.
Place of birth:	2.
Marital Status:	3.
Address:	
City:	Province:
Postal Code:	Country:
Home Phone #:	
Alternate Phone #:	
Email Address:	
Date of Enrollment:	
T/C File Number:	
Medical Category:	
Date of last Medical:	
Name of Course:	<ul style="list-style-type: none"><input type="radio"/> <i>Student Pilot Permit</i><input type="radio"/> <i>Recreational Pilot Permit (RPP)</i><input type="radio"/> <i>Private Pilot License (PPL)</i><input type="radio"/> <i>Commercial Pilot License (CPL)</i><input type="radio"/> <i>Airline Transport Pilot license (ATPL)</i><input type="radio"/> <i>Aircraft Mechanic (AMT)</i><input type="radio"/> <i>Flight Attendant Certification (FAC)</i><input type="radio"/> <i>Flight Instructor (CFI)</i>

Level of Education:	<input type="radio"/> <i>High School</i> <input type="radio"/> <i>College</i> <input type="radio"/> <i>University</i> <input type="radio"/> <i>Other (Specify):</i>
Field of Education:	

EMERGENCY CONTACT INFORMATION

Name:	
Relation to Student:	
Home #:	Office #:
Cell #:	

**INTERNATIONAL STUDENTS
(COMPLETE IF APPLICABLE)**

Citizenship:	
Passport #:	Issued by:
Country of Issuance:	Expiry Date:
Do you require a Visa to Study in Canada?	
Have you received your CAQ?	
Have you received your student VISA?	VISA expiration Date (dd/mm/yy):
English Proficiency: (Must pass ICAO Level 4)	
<input type="radio"/> TOEFL <input type="radio"/> University <input type="radio"/> High School <input type="radio"/> Second Language <input type="radio"/> Native Language <input type="radio"/> Other:	
Do you require housing during your stay in Canada?	

REFFERAL INFORMATION

Where did you hear about Academy of Aeronautics?
<input type="radio"/> Internet <input type="radio"/> Magazine <input type="radio"/> Phone <input type="radio"/> Instructor

Complete this application form and attach the following required documents:

1. Birth Certificate;
2. Photocopy of Identity card or passport;
3. Applicant's photograph, passport size (2 copies);
4. Photocopy of high school diploma.
5. Medical Exam class 1 by a medical doctor approved by the Civil Aviation Authority in the student's country.

ENROLMENT INFORMATION
RESERVED TO ADMINISTRATION

Enrolled Program:
Enrolled on (dd/mm/yyyy):
Instructor Name:

METHOD OF PAYMENT

Card Type:
Card Number:
Expiration Date (MM/AA):

I, the undersigned, undertake to pursue the courses that I have applied to, at the Academy, the College of Aeronautics, without any interruptions and to respect the regulations and conditions stated in the Educational Services Contract, and adhere to the disciplines and regulations of the College of Aeronautics.

I also certify that I have read, understood, and received a copy of the policies of the College of Aeronautics.

Name of Student _____

Signature _____

Date _____