

Foreign Student Application for Enrollment

STUDENT INFORMATION

Last Name	<input style="width: 90%;" type="text"/>
First Name	<input style="width: 90%;" type="text"/>
Middle Name	<input style="width: 90%;" type="text"/>
Street/Postal Add.	<input style="width: 90%;" type="text"/>
City	<input style="width: 90%;" type="text"/>
State	<input style="width: 20%;" type="text"/>
Country	<input style="width: 30%;" type="text"/>
Zip	<input style="width: 20%;" type="text"/>
Telephone Number	<input style="width: 30%;" type="text"/>
Email Address	<input style="width: 40%;" type="text"/>
Height	<input style="width: 15%;" type="text"/> ft <input style="width: 15%;" type="text"/> in
Weight	<input style="width: 15%;" type="text"/> lbs
Birth Country & City	<input style="width: 90%;" type="text"/>
Birthday	<input style="width: 30%;" type="text"/> Month/Day/Year
Citizenship	<input style="width: 60%;" type="text"/>
Passport Number	<input style="width: 60%;" type="text"/>
Expires	<input style="width: 30%;" type="text"/> Month/Day/Year
In Case of Emergency Notify Name	<input style="width: 80%;" type="text"/>
Relationship	<input style="width: 60%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>
Telephone	<input style="width: 60%;" type="text"/>
High School Grad	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No College Grad <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Knowledge of English	<input checked="" type="radio"/> Good <input checked="" type="radio"/> Fair <input checked="" type="radio"/> Poor <input checked="" type="radio"/> None
VISA Prog. Requested	<input type="checkbox"/> M-1 Student (1-20) <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>
Do you have Health and Accident Insurance for the U. S.?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
How did you learn about Trade Winds Aviation?	<input style="width: 80%;" type="text"/>

FLIGHT INFORMATION

Pilot Certificate(s) held None Student Private
 Commercial ATP

Date of Issue / / Month/Day/Year

Certificate Number

Country of Issue

Ratings

Pilot Medical Certificate None FAA Other

Class

Date

Hours of logged pilot experience: None

Type hours in the boxes	Airplane	Helicopter	Glider
Pilot-In-Command/Solo	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dual Instruction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instrument	<input type="text"/>	<input type="text"/>	<input type="text"/>
Night	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cross Country >50nm	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retractable Gear	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiengine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Simulator	<input type="text"/>	<input type="text"/>	<input type="text"/>

COURSE ENROLLMENT INFORMATION

Living accommodations requested:

- School provided apartment:**
 Shared bedroom
 Private bedroom
 Private apartment

Housewares package requested:

- Yes No

Student health and accident insurance requested:

- Yes No

Arrival date:

Month/Day/Year

Start date:

Month/Day/Year

Departure date:

Month/Day/Year

Payment information (to pay by credit card or money order)

Application fee for International Applicants - \$250

Method of Payment:

Credit Card No:

Expiration Date (month):

Expiration Date (year):

Comments :

Please check the box to acknowledge the following statements:

I understand that Trade Winds Aviation accepts no responsibility for applicant during the time applicant is not involved directly in flight training activities. Additionally, I will not hold Trade Winds Aviation liable for damages, negligence, or infractions of any law incurred by applicant while not directly involved with flight training at Trade Winds Aviation.

I certify that all information submitted by me in this application is true and correct.