



STUDENT REGISTRATION FORM

Welcome to the Caribbean Aviation Center!

We would like to thank you for choosing this Flight Academy to pursue your interest(s) in Aviation. We offer one of the highest standards of Pilot Training in the Caribbean. In order for us to learn more about you and your interests, please fill out the form below. This form will eventually become a part of your flight records here at the Academy. The data will be used to keep you informed of the latest developments in Flight Training and Pilot Supplies

PERSONAL DATA

Surname		Full given name(s) - No initials			
Mailing Address (Number & Street)					
E-mail Address		Fax No.	Tel. No(s).	(H)	(W)
				(C)	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Name and address of guardian if under 16 years old		
Previous Flying Experience (If any, please describe briefly) <input type="checkbox"/> Yes <input type="checkbox"/> No					

FLYING INTEREST/S

I am interested in flying <input type="checkbox"/> Fixed wing aircraft <input type="checkbox"/> Rotary wing aircraft		I am the holder of a pilot's license <input type="checkbox"/> Private pilot's license <input type="checkbox"/> Commercial pilot's license <input type="checkbox"/> Airline transport pilot's license			
I am interested in the following training <input type="checkbox"/> Ground-school <input type="checkbox"/> Ground-school {Advanced Aircraft} <input type="checkbox"/> Single engine					
		<input type="checkbox"/> Multi-engine <input type="checkbox"/> Instrument rating <input type="checkbox"/> Astronaut !			
Signature				Date	