



APPLICATION FORM FOR AVIATION PROGRAMS

APPLICATION FEE \$150.00

P.O. Box 190
Penhold, Alberta
T0M 1R0
(403) 886-5191

- RECREATIONAL PILOT
 PRIVATE PILOT
 COMMERCIAL PILOT

A. PERSONAL INFORMATION

SOCIAL INS. NUMBER

BIRTHDATE

DD	MM	YY
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LEGAL NAMES ONLY

FAMILY (LAST) NAME FIRST (GIVEN) NAME MIDDLE NAME

FORMER NAME TITLE MR MISS MRS MS GENDER MALE FEMALE

MAILING ADDRESS

STREET		CITY
PROVINCE	POSTAL CODE	COUNTRY
RES. PHONE	BUS. PHONE	

MARITAL STATUS

MARRIED CO-HABITANT
 SINGLE (NEVER MARRIED): OTHER _____

E-MAIL ADDRESS

IN CASE OF EMERGENCY:

NOTIFY: TELEPHONE

CITIZEN STATUS (IF OTHER THAN CANADIAN)

PERMANENT RESIDENT / LANDED IMMIGRANT
 STUDENT VISA OTHER VISA

DATE OF ENTRY TO CANADA (NON CANADIANS)

_____ MONTH _____ YEAR

COUNTRY OF CURRENT CITIZENSHIP

COUNTRY OF RESIDENCE DURING PREVIOUS YEAR

MOTHER TONGUE

B. ACADEMIC RECORD

LAST HIGH SCHOOL ATTENDED NAME AND ADDRESS OF SCHOOL	FROM		TO		GRADE LEVEL OR DIPLOMA
	YR	MTH	YR	MTH	

C. PROGRAM PARTICULARS

DO YOU HAVE A PILOT MEDICAL

YES NO

IF YES, PROVIDE A COPY

HOW DID YOU HEAR ABOUT US?

MAGAZINE WEBSITE
 NEWSPAPER OTHER _____

APPLICANT DELEGATES AUTHORITY FOR CITIZEN IMMIGRATION CANADA TO GIVE STATUS OF VISA APPLICATION TO SKY WINGS AVIATION ACADEMY LTD..

I AGREE, IF ADMITTED, TO ABIDE BY RULES AND REGULATIONS OF SKY WINGS AVIATION. I CERTIFY THAT THE PARTICULARS FURNISHED ARE TRUE AND COMPLETE IN ALL RESPECTS, AND THAT NO RELEVANT INFORMATION HAS BEEN WITHHELD.

_____ _____

DATE OF APPLICATION SIGNATURE OF APPLICANT

As required by the Freedom of Information and Protection Privacy Act, all information regarding student applications and marks will be kept in the office of the Director of Student Services, and will be accessible only by administrative staff and instructors. Server and e-mail security passwords will protect any correspondence by e-mail.

FOR OFFICE USE ENTERED IN COMPUTER

ADMISSION RULING: