



**WORLD WIDE WINGS LLC.**  
**INTERNATIONAL STUDENT REGISTRATION FORM**

Contact Information - 1						
Last Name		First Name		Middle Name		
Phone (Include country code)		Fax (If available)		E-Mail Address		
Street Address						
City		Zip / PIN		State / Province / UT		Country
Personal Information - 2						
Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Height (e.g. <u>5</u> Feet <u>8</u> Inches) Feet    Inches		Weight Pounds / Kgs		
Birth Date (MM/DD/YYYY) / /		Country of Birth		Country of Citizenship		
Passport Number: Issue date: Expiry date:		Current Occupation		Marital Status <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		
Emergency Contact Information - 3						
Last Name		First Name		Middle Name		
Phone (Include country code)		Fax (If available)		E-Mail (If available)		
House / Apartment / Street Address						
City		Zip / Postal Code		State / Province / UT		Country
School Information - 4 (List schools you have attended - High School/College/University/Technical School)						
School Name		Location / Address		Dates Attended (MM/YYYY)		Diploma / Degree
Housing Information - 5						
Do you require housing? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO		Arrival date (MM/DD/YYYY) / /		
Flight Experience (If applicable) - 6						
Flight certificates held (if any)						
Type of Certificate/Rating held		Date Issued		Name of School		
Flight Time (If applicable) - 7						
Dual	Solo	X-Country	Night	Hood / Actual	Simulator	Total Time
Select Licenses and Ratings you would like to train for - 8						
<b>Pilot Licenses</b> <input type="checkbox"/> Private Pilot <input type="checkbox"/> Commercial Pilot <input type="checkbox"/> Certified Flight Instructor		<b>Ratings</b> <input type="checkbox"/> Instrument Rating <input type="checkbox"/> Multi-engine Rating <input type="checkbox"/> Complex / High Performance checkout		<b>Certified Flight Instructor / ATP</b> <input type="checkbox"/> CFI: Instrument <input type="checkbox"/> CFI: Multi-engine <input type="checkbox"/> ATP		

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**Signatures (Sign and Print Full Name) - 9**

\_\_\_\_\_  
Signature of Student / Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PRINT FULL NAME ABOVE**

\_\_\_\_\_  
Signature of Parent / Guardian / Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PRINT FULL NAME ABOVE**

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Complete Address of Parent / Guardian / Sponsor

\_\_\_\_\_  
House / Apartment / Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip / Postal Code

\_\_\_\_\_  
State / Province / UT

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone Number:

\_\_\_\_\_  
E-Mail (If available):

**DO NOT WRITE BELOW THIS LINE**

**For Official Use Only**