

Daytona Aviation Academy

Professional Flight Training
1575 Aviation Center Pkwy Ste. 503 • Daytona Beach FL 32114

Application for Student Admission

Date: _____
Desired Start Date: _____

Referral Source: Magazine Friend Web Other _____
 General Correspondence: Phone Letter A/M Fax Walk-In

General Information

Name: _____ Phone: () _____

Last
First
Middle Initial
E-mail Address

Present Address: _____

Street
City
State
Zip
Country

Emergency Contact Information

Name: _____ Telephone: () _____

Last
First
Middle

Address: _____

Street
City
State
Zip
Country

Personal Information

Gender: Male Female Height: _____ in. Weight: _____ lbs. D.O.B: ____/____/____ (mm/dd/yyyy)
 Place of Birth: _____ Citizenship: _____ S.S.N: _____
 Marital Status: Single Married High School GPA: _____ Recent Collage GPA: _____
 Driver's License Number: _____ State: _____ Occupation: _____

School Record

List three most recent schools attended (High School, University or Technical)

School	Location	Dates Attended	Diploma/Degree
1.			
2.			
3.			

Flight Experience

Total Time: _____ PIC: _____ Solo: _____ Night: _____ Instrument: _____ Multi: _____ Dual Given: _____

List ALL flight certificates and ratings held: _____

Name and location of school where certificates and ratings were obtained: _____

FAA Medical: 1st class 2nd class 3rd class Date of issue: _____

Have you ever had your medical denied or revoked? Yes No If yes, please explain: _____

Additional Information

Is English your Native Language? Yes No

If NO, do you read, speak and understand English? Yes No

Drug/Alcohol conviction within the past 12 months? Yes No If yes, Explain: _____

What courses are you enrolled in? _____

Desired start date: _____

Student Housing Request: Yes No

Do you smoke? Yes No

Enrollment Completion:

I certify that the above statements are correct and complete. I understand that I must complete the following items to register for any course with Daytona Aviation Academy:

- Completed Enrollment Form
- Signed Flight Training & Rental Contract
- Copy of FAA Medical Certificate
- Copy of FAA/JAA /CAA Pilot License
- Copy of government Issued Photo ID
- Copy of Passport (international students only)
- Copy of last totaled pages of logbook
- Signed Credit Card Imprint
- Issued Safety Policies & Procedures
- TSA Docs
- Proof of Aircraft Rental Insurance
- Check-in _____ Check-out _____

Print Name

Signature

Date

If you are under 18 years of age, the following must be signed by a parent or a legal guardian:

The undersigned, being the Parent Legal Guardian
of the above name applicant, consents to his/her application for admission at Daytona Aviation Academy

Print Name

Signature

Date

Street

City

State

Zip

Phone Number

<p>FOR OFFICE USE ONLY: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED</p> <p>Comments: _____</p>
