



Caribbean Air Academy, Ltd.

Nassau, NP, Bahamas
(470) 309-4091
(242) 44-3954



STUDENT APPLICATION

Email Application to: rob@carib-air.com

Name of Applicant (Please print): Must be written as it appears on your passport or other Govt ID

Last: _____ First: _____ Middle: _____

Present Address:

House/Street _____ City _____

State / Province _____ Country: _____ Postal code _____

Telephone (include country code) _____

EMAIL ADDRESS: _____

Emergency Contact (Please print):

Last: _____ First: _____ Middle: _____

Emergency Contact Address:

House/Street _____ City _____

State / Province _____ Country: _____ Postal code _____

Emergency Telephone (include country code) _____

EMAIL ADDRESS: _____

Personal Information:

Gender: ___ Male ___ Female **Height:** ___ Cm / Inch **Weight:** ___ (Kilos /Lbs) **Eyes:** _____

Hair: _____ **Place of Birth** _____ **Date of Birth:** ___/___/___
MONTH DAY YEAR

Marital Status: ___ Single ___ Married **Current Occupation:** _____

Passport Number: _____ **Country of Citizenship:** _____

Driver's License (If applicable) _____ **Country:** _____

Drug / Alcohol Conviction within the past 12 months: ___ Yes ___ No

SCHOOL RECORDS

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

SCHOOL	LOCATION	DATES ATTENDED	DIPLOMA / DEGREE
		FROM ----- / -----TO----- / -----	
		FROM ----- / -----TO----- / -----	
		FROM ----- / -----TO----- / -----	

COURSE REQUIRED

COURSE TYPE: _____ PLANNED START DATE: _____

AMOUNT: _____ DEPOSIT AMOUNT: _____ DEPOSIT DATE: _____

APPLICATION AGREEMENT

1. Please fill out this form entirely.
2. Attach a clear photocopy of a valid Passport, (if applicable attach license and visa)
3. A deposit equal to 50% of the estimated tuition cost is required with the application.
The remaining balance of 50% must be paid at arrival.
4. Student accepts that they have clearly read their sales agreement and fully understand all elements of the training they are purchasing.

Signature Approval of Applicant:

I apply for admission to the course(s) indicated, and accept the above terms and conditions.

Student Signature: _____ Date: _____ / _____ / _____
MON DAY YEAR

CLASS TYPE

Flight Dispatcher **DAYTIME**	
Flight Dispatcher **NIGHT TIME**	