



ENROLLMENT FORM

You can email the completed enrollment form to
info@cloud9helicopters.com or Fax it to 001 561 799 8884

Personal Information – All Students			
Family Name:			
First Name:	Middle Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:	City of Birth	Country of Birth	
Home Address:			
Telephone Number/Mobile Number:			
Email Address:			
Name of Next of Kin:			
Address:			
Telephone Number/Mobile Number:		Relationship:	
Emergency Contact Name:			
Telephone Number/Mobile Number:		Relationship:	
Preferred Start Date (Mo/Day/Yr):			
Previous Aviation Experience / Licenses Held:			

Citizenship Information – All Students	
Country of Citizenship:	
Legal Permanent Resident of	
Passport Number:	Passport Issued By:
Passport Issued At:	Passport Expiration Date:

Additional Information – International Students	
Are you requesting an M1 Student Training Visa:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently hold a US visa:	No <input type="checkbox"/> Yes <input type="checkbox"/> (indicate type) :
Do you require a visa for your spouse and/or family: No <input type="checkbox"/> Yes <input type="checkbox"/> (complete separate enrollment for each person)	