North Andover FLIGHT ACADEMY

ENROLLMENT QUESTIONNAIRE

SECTION 1–TO BE COMPLETED BY ALL APPLICANTS			
1. Family Name:			
2. First Name:	3 Middle Name:	4. Male Female	
5. Date of Birth: (Mo/Day/Yr)	6. City of Birth:	7. Country of Birth:	
8. Home Address:			
9. Telephone Number:			
10. Occupation:			
11. Email Address (used to access your student account):			
12. Name of Next of Kin:			
13. Address:			
14. Telephone Number:	15. Relationship:		
16. Highest level of education completed (Please attach copy of education			
17. Preferred start dates: (Mo/Day/Yr) 1.	2.	3.	
18. Previous aviation experience:			
19. Course applyingfor: Private	Instrument Commercial	CFI/CFII	

SECTION 2–TO BE COMPLETED BY INTERNATIONAL APPLICANTS			
20. Country of Citizenship:			
21. Legal Permanent Resident of (country):			
22. Passport Number:	Issued By:	Issued At:	Expires:
23. Have you ever held an M-1 visa before?		Yes No	
If yes, what was the duration of your stay?			
24. Are you a native English speaker? Yes No			
If no, do you read and understand English? Yes No			
25. Which visa are you requesting? M-1 Visa - or - F-1 Visa			
26. If you received any assistance from one of our agents, please list their name here:			

SECTION 3–ADDITIONAL ITEMS SPECIFIC TO INTERNATIONAL STUDENTS

1. Evidence of funds (such as a copy of your bank statement) which indicates that you have sufficient money to pay for all of your training and living expenses while in the United States. This is a requirement of the U.S. Immigration Service. You will need to produce the original document at the U.S. Embassy.
2. -native English speakers must submit evidence of having completed at least four years of high school level or one year of university level English classes or a certified copy of a TOEFL Test result indicating a score of at least 500.
3. Do you require a visa for your spouse and/or family? If yes, complete a separate Questionnaire for each person.

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ENROLLMENT QUESTIONNAIRE continued

SECTION 4–TO BE COMPLETED BY ALL APPLICANTS
Do you suffer from motion sickness? Are you afraid of heights?
Have you ever been tested for colorblindness? If yes, when and what was the result?
Do you have impaired vision?
Is your vision corrected to 20/20 with glasses or contact lenses?
Are you presently under a physicians care for any condition?
Have you used, or are you using, any form of narcotics not prescribed by a physician? Explain:
Please tell us your: height inches weight pounds
If you suffer from any of the following conditions it may prevent you from obtaining an FAA medical. If you have, or think you have, any of these conditions, please obtain a medical certificate, and attach a copy of it to this questionnaire: Heart Disease/Heart Attach; High Blood Pressure; Turberculosis or other Lung Disease; Allergies; Asthma; Diabetes; Cancer; Hearing Trouble or High Frequency Loss; Frequent Headaches; Dizziness; Fainting Spells; Convulsions; Epilepsy; Ulcers; Amputation of any part of the body; Psychiatric Treatment