



Continental Aero Flying School

APPLICATION FOR ADMISSION							
APPLICANT INFORMATION							
INTENDED COURSE: PPL / CPL / IR / FI / Validation / Conversion / Recency							
DATE OF APPLICATION (DD/MM/YYYY):				DATE OF STARTING (DD/MM/YYYY):			
Passport Name:							
Last Name		First Name			Middle Name		
Residential Address:							
City:		State:		ZIP Code:			
Email:		Gender:		Nationality:			
Age:		Passport No:		Passport Expire Date:			
Date of birth:		Phone:		Marital Status:			
Religion		Height (Meters):		Weight (Kg):			
EMERGENCY CONTACT							
Full Name:							
Email:		Phone:			Relationship:		
EDUCATION BACKGROUND							
1 Language		English			2 Language		
Level		Written	Spoken	Listening	Level		
INSTITUTION / COUNTRY		QUALIFICATION ATTAINED		FROM (YEAR)		TO (YEAR)	
SOURCE OF FUNDING							
Government <input type="checkbox"/>		Self-financing <input type="checkbox"/>		Private <input type="checkbox"/>		Others <input type="checkbox"/>	
MODE OF PAYMENT							
Payment should be made upon acceptance into the course to Continental Aero Flying School in Philippine Peso							
Payment by Cash <input type="checkbox"/>				Payment by Bank draft <input type="checkbox"/>			
SIGNATURES / AGREEMENT							
<p>In consideration of my admission to Continental Aero Flying School (CAFS) and of the right, privileges and benefits which an CAFS students may be entitled to, I hereby agree to recognize, accept and comply with the existing rules, regulations and requirements laid down by the administration on all matters pertaining my enrolment; the use of libraries, laboratories, services and other facilities, payment of tuition fees, classroom conducts, class attendance, change or dropping of subject, academic load, residence and other requirements set forth in the student handbook. I understand that violation of the terms of this pledge and willful and deliberate disregard will be sufficient cause for my immediate discharge from CAFS.</p> <p>I agree, if accepted, that my admission, matriculation, attendance and graduation are subject to the rules and regulations promulgated by the authorities of CAFS. I agree that CAFS reserves the right to accept me and that I waive any claim in case my application for admission / re-admission is denied.</p>							
Name and Signature of applicant:						Date:	
Name and Signature of supporter:						Date:	