



ATO: SACAA1140/ATO



## Student Enrolment

### Instructions:

1. Please complete all fields.
2. Save a tree, this Enrolment form does not need to be printed, all you need to do is click on the required block and type in your details.
3. Once completed, please e-mail the printed form to [info@learn2fly.co.za](mailto:info@learn2fly.co.za).

### Student details

Name (s)	<input type="text"/>	Surname	<input type="text"/>	ID No.	<input type="text"/>
Address	<input type="text"/>			Telephone No. (C)	<input type="text"/>
	<input type="text"/>			Telephone No. (W)	<input type="text"/>
City	<input type="text"/>	Zip Code	<input type="text"/>	E-mail	<input type="text"/>
Country	<input type="text"/>				

### License Details (If Applicable)

License Type	<input type="text"/>	License Expiry Date	<input type="text"/>
License No.	<input type="text"/>	Medical Expiry Date	<input type="text"/>

### Flying Experience

Total Dual	<input type="text"/>	Total Sim	<input type="text"/>
Total Solo	<input type="text"/>	Total Hrs	<input type="text"/>

### Next of Kin Details

Name (s)	<input type="text"/>	Surname	<input type="text"/>	ID No.	<input type="text"/>
E-mail	<input type="text"/>	Relation	<input type="text"/>	Tel. Nr.	<input type="text"/>

### Sponsors details (if different from self)

Name (s)	<input type="text"/>	Surname	<input type="text"/>	ID No.	<input type="text"/>
E-mail	<input type="text"/>	Relation	<input type="text"/>	Tel. Nr.	<input type="text"/>

STUDENT SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_



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