# Student Enrolment

**Instructions**
1. Please complete all fields below. Click on each block and type your details.
2. Save a tree – this form does not need to be printed to be completed.
3. Once completed, save the PDF and e-mail it to info@learn2fly.co.za.

## Student Details

Name(s)

Surname

ID/Passport Nr

Address

Mobile Nr.

Date of Birth

City

Zip Code

E-mail

Country

## License Details (If Applicable)

License Type

License Expiry Date

License No.

Medical Expiry Date

### Flying Experience

Total Dual

Total Sim

Total Solo

Total Hrs

## Next of Kin Details

Name(s)

Surname

ID No.

E-mail

Relation

Tel. Nr.

# Student Enrolment (cont.)

## Sponsor's Details (if different from self)

Name(s) | Surname | ID No.

E-mail | Relation | Tel. Nr.

## Declaration

I confirm that the information provided in this enrolment form is true and correct to the best of my knowledge. I have read and accept the Learn 2 Fly Terms and Conditions (L2F-TC-01, current revision), which I sign separately, and I agree to abide by the policies and procedures of Learn 2 Fly Air School / MWP Aviation cc.

Student Signature (type full name) | Date

## Medical Aid Details (if applicable)

Medical Aid Scheme | Membership No. | Expiry Date