

INTERNATIONAL STUDENT REGISTRATION APPLICATION

Star Helicopters LLC

PERSONAL INFORMATION

Name: Mr./Ms. _____ Race/Ethnicity: _____
First Middle Last (Family Name)

E-mail Address: _____

Post Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____

Emergency Contact: _____
Name, Address, Telephone Number

Date of Birth (MM/DD/YY): _____ Place of Birth (city and country): _____

Citizenship: _____ Highest Level of Education: High School Some College Bachelor's Degree
(F-1 Visa Students - Please provide a copy of your diploma from the highest degree earned.)

FAA Medical Certificate: Class: _____ Date Issued: _____ Height: _____ Weight: _____
inches pounds

How did you hear about Hillsboro Aero Academy? _____

TRAINING PROGRAM

HELICOPTER

- Professional Pilot Program (Private through Certified Flight Instructor Instrument)
- Private
- Commercial
- Instrument
- Certified Flight Instructor
- Certified Flight Instructor Instrument

FLIGHT EXPERIENCE

Total Airplane Hours: _____ Total Helicopter Hours: _____ Date of Last Flight: _____

Certificates and Ratings Held: _____ Issuing Country: _____

VISA INFORMATION

M-1 Visa Do you read, write, speak and understand English? YES NO

Housing Information Requested? YES NO

Intended Arrival Date to US: _____ Intended Departure Date from US: _____

Approval to Charge \$500 USD Registration Fee – Non-refundable (initial here)*: _____

Approval to Charge \$200 USD SEVIS fee (initial here)*: _____

(Registration fee and SEVIS fee will be charged to card below)

Name on Card: _____

Credit card number: _____ Exp: _____

Security code from the back of your card: _____

To the best of my knowledge, I certify that the information provided is true and correct.

Signature Date

Parent or Legal Guardian if applicant is under 18 years old Date