



# LEADING EDGE INTERNATIONAL AVIATION ACADEMY, INC.

Main Office: San Fernando Airport, Poro Point Freeport Zone, San Fernando City, La Union, Philippines  
(072) 607-5869 | +63 917-539-2578 | www.leadingedge.com.ph  
Extension Office: 2nd Flr, Col. Godofredo M. Juliano Bldg., Lot 14 Blk 86, Bayani Rd. cor. Roxas Ave. AFP0VAI Ph 5, Taguig City, Philippines  
(002) 736-8424 | +63 917-539-2577 | info\_pilotschool@leadingedge.com.ph

## REGISTRATION FORM

### I. PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Surname) (Given Name) (Middle Name)

Course: \_\_\_\_\_ Date of enrollment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_  
MM DD YY

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

\*Passport Number: \_\_\_\_\_ \*Place of Issue: \_\_\_\_\_

\*Date Issued: \_\_\_\_\_ \*Expiry Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(House no.) (Street) (Village/Barangay)

\_\_\_\_\_  
(City/Town) (Country) (Postal Code)

Philippine Address: \_\_\_\_\_  
(House no.) (Street) (Village/Barangay)

\_\_\_\_\_  
(City/Town) (Country) (Postal Code)

Telephone no.: \_\_\_\_\_ Mobile no.: \_\_\_\_\_ Facebook: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Civil Status: \_\_\_\_\_

\*If married, name of spouse: \_\_\_\_\_  
(Surname) (Given Name) (Middle Name)

\*Telephone no.: \_\_\_\_\_ \*Mobile no.: \_\_\_\_\_

Height (in cm): \_\_\_\_\_ Weight (in kg): \_\_\_\_\_ Color of eyes: \_\_\_\_\_

Color of hair: \_\_\_\_\_ Other distinguishing features: \_\_\_\_\_

2x2  
PICTURE

### II. PARENTS INFORMATION

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(If AFP personnel, pls. specify if PAF, PA, PN, or PN (M))

Mobile no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(If AFP personnel, pls. specify if PAF, PA, PN, or PN (M))

Mobile no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### III. CONTACT PERSON IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Mobile no.: \_\_\_\_\_

Address: \_\_\_\_\_



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## IV. EDUCATIONAL BACKGROUND

School / Address	Year Graduated	Course
Primary: _____	_____	
Secondary: _____	_____	
Tertiary: _____	_____	_____

## V. FLIGHT TRAINING EXPERIENCE

Do you hold a pilot's license?    **YES**                      **NO**                      Total flying time: \_\_\_\_\_ hours

PEL number: \_\_\_\_\_                      Issued by: \_\_\_\_\_

Aircraft Rating: \_\_\_\_\_                      Licenses: \_\_\_\_\_

Latest Airman Medical Certificate:

Class: \_\_\_\_\_                      Issued by: \_\_\_\_\_

Date Issued: \_\_\_\_\_                      Date Expired: \_\_\_\_\_

Name of Flying School	Address	Course Finished	Year
_____	_____	_____	_____
_____	_____	_____	_____

## VI. EMPLOYMENT EXPERIENCE

Are you currently employed?    **YES**                      **NO**                      If yes, please complete info below:

Company: \_\_\_\_\_                      Job Title: \_\_\_\_\_

Office address: \_\_\_\_\_

Office contact no.: \_\_\_\_\_                      Date of Employment: \_\_\_\_\_

Direct supervisor/manager: \_\_\_\_\_

## VII. HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> ACDI MPC activities	<input type="checkbox"/> Social media (Facebook/Instagram)
<input type="checkbox"/> Print ads (i.e. brochure/flyers)	<input type="checkbox"/> Walk-in only
<input type="checkbox"/> Referred by friend. Name: _____	<input type="checkbox"/> Website
<input type="checkbox"/> Search engine (i.e. Google)	<input type="checkbox"/> Others: _____

To be filled out by the Registrar Office personnel:

REQUIREMENTS	DATE
<input type="checkbox"/> CAAP Medical Certificate	_____
<input type="checkbox"/> NBI Clearance	_____
<input type="checkbox"/> PSA Birth Certificate	_____
<input type="checkbox"/> 2x2 ID picture	_____
<input type="checkbox"/> CAAP PEL Form	_____
<input type="checkbox"/> CAAP License Application Form	_____
<input type="checkbox"/> Special Student Permit**	_____
<input type="checkbox"/> Student Pilot Contract	_____
<input type="checkbox"/> Copy of Insurance Policy	_____

I hereby certify to the correctness of the foregoing facts:

\_\_\_\_\_  
SIGNATURE ABOVE PRINTED NAME