



## ENROLLMENT APPLICATION

PLEASE COMPLETE THIS FORM IN DETAIL. PLEASE PRINT.

1. Name: (last, first, middle) (as it appears on your social security card)

2. Date of Birth (MM/DD/YYYY)

\_\_\_\_\_

\_\_\_\_\_

3. If any of your records are under a name other than the one given above (i.e., maiden name), please list the name(s) below: (last, first, middle)

\_\_\_\_\_

4. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 5. Email Address \_\_\_\_\_ @ \_\_\_\_\_

5. Permanent Address: (street, city, state, and zip)

\_\_\_\_\_

6. Current Address: (if different from permanent address)

\_\_\_\_\_

7. Telephone: (Home) (Work) (Other)

8. Are you a US Citizen?  Yes  No

\_\_\_\_\_

## Emergency Contact Information

1. Name/Relationship:

\_\_\_\_\_ Phone #: \_\_\_\_\_

2. Address:

\_\_\_\_\_

## Enrollment Information

1. Check desired start date:

2021

2022

2023

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov

2. If you will be relocating to attend training with AATC, will you be applying for housing?  Yes  No

3. Name and address of high school:

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4. Date of high school graduation:

\_\_\_\_\_ (MM/YYYY) OR GED: \_\_\_\_\_ (MM/YYYY)

5. Is English your primary language?  Yes  No    6. Do you have a Class II Medical Certificate?  Yes  No  
(If yes, please include a copy with this application)

7. Do you have any past air traffic control or aviation experience?  Yes  No

If yes, please provide more information below:

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8. Are you registered with the selective service?  Yes  No

9. Have you ever been convicted of, pled guilty to, or have been charged of a crime other than a traffic offense?  
 Yes  No

If yes, please date and explain any offenses:

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In the event that your telephone number is registered on the National Do Not Call Registry, the signature below gives consent for Advanced ATC, Inc. to call you for 18 months or until the designated time of your class start, whichever comes later. All information provided on this application is true and complete to the best of my knowledge. I understand that admission to the college is contingent upon submission of high school graduation or attainment of a GED prior to matriculation, satisfaction of all admission criteria, my acceptance by the college, my signing of the college's Enrollment Agreement, and the college's acceptance of the Enrollment Agreement.

I authorize the college to request and receive a copy of my high school and/or college transcripts, including GED certificate.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Wiregrass Georgia Technical College/Advanced ATC, Inc. does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, sexual orientation or disability in the administration of any of its educational programs or activities or with respect to admissions or employment.

**Please submit completed application via email to [admissions@advancedatc.com](mailto:admissions@advancedatc.com) or via fax at (866) 680-1738.**