# New Student Questionnaire

|  |  |
| --- | --- |
| Question | Answer |
| First and Last name |  |
| Phone number |  |
| Email Address |  |
| Time and Date of requested flight |  |
| Long-term flying objective: |  |
| Short-term goal (when to take PPL check ride?): |  |
| Has Student Pilot Certificate/Medical? If so, when obtained? |  |
| Flying Experience? Hours and make/model? Tailwheel hours. |  |
| Other Certificates |  |
| Renting or personal Aircraft |  |
| Insurance? Time needed? |  |
| Specific Hours Needed? |  |

|  |
| --- |
|  |

#### Notes/Additional Items