



Federal Aviation
Administration



Aviation Career Education Academy Application

Name: _____ M/F: _____ Age: _____ DOB: _____
First Middle Last

Address: _____
Street City State Zip Code

School: _____
Name City Grade

Phone: _____ Email: _____

(Note: If a minor, list the phone# and email address of your parent or guardian)

What is your ambition after high school graduation? (check one)

☐ Attend College ☐ Attend a Trade School ☐ Enter the Workforce ☐ Military ☐ Other

Please explain other: _____

1. Do you want to participate in the Job Shadow Program? Yes / No (circle one).

(The intent of this program is to give students the opportunity to learn first-hand about careers in aviation maintenance, avionics, and engineering by allowing them to shadow with the professionals in these career fields for a day. This will be for only a very limited amount of students.)

T-Shirt Size: Youth XL, L, M, S or Adult XL, L, M, S (circle one)

Applicant Signature: _____ Date: _____
(Please sign if 18 or over and have completed high school)

Or
Parent/Guardian Name: _____
Print Signature Date

Application Fee:

\$40

Make payment out to:

Friends of Paulding County Career Academy (FPCCA)

Forward Payment to the following address:

Paulding NW Atlanta Airport
Yolanda Newell (ACE Academy)
730 Airport Pkwy
Dallas, Ga. 30157
770-505-7700

MEDICAL CONSENT FORM

The undersigned parent or guardian of _____, a minor, do hereby consent to any emergency X-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. It is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

Include the following information at the minimum: (List NONE, if applicable)

1. Family doctor name and phone number. _____
2. Any medical concerns/learning disabilities. _____
3. Allergies. _____
4. Medications. _____
5. Insurance plan name and number. _____
6. Emergency contact name and phone number. _____
7. Any other pertinent information: _____

Name of Parent/Guardian: _____

Print	Signature	Date
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PARENT/GUARDIAN PERMISSION

For Photographing/Video Taping of Students

2019-2020

Name of Student: _____

Students enrolled in the Federal Aviation Administration (FAA) STEM/AVSED program, who are involved in activities or events, may be videotaped and/or photographed for the media, FAA and/or official sponsors to reproduce for the general information of the public. Photographs may appear in newspapers, FAA newsletters and/or schools or district web sites. Videotapes may be shown on the public access television station. The FAA would like the local, state and national aviation community to have access to the wonderful achievements of the students through the media. We are therefore requesting your permission to allow your child to be photographed and/or videotaped should your child participate in an event, which may be shared with the public.

This permission slip will only be used while the student is actively participating in the STEM/AVSED program.

I, _____ give the FAA permission to take photographs and/or videotapes
of my child _____ during the school year. I understand these photographs
and/or videotapes may appear in the media (i.e. in newspapers, on the school or district web site and/or on
public access television, FAA Promotional material).

Parent/Guardian Signature

Date _____

I, _____ DO NOT give the FAA permission to take photographs and/or
 Print Parent/Guardian Name
 videotapes of my child _____ during the school year.
 Print Student Name

Parent/Guardian Signature

Date