



C&G 848368

QCTO SDP300424215025

REGISTRATION FORM

Year 2027

Full Qualification Hair care

Full time

Part time

Office use only:

Student number: _____

Registration fee received

yes

no

Copy of ID of student

yes

no

Copy of highest qualification

yes

no

Financial agreement completed

yes

no

Indemnity signed

yes

no

2 ID photos submitted

yes

no

Copy of ID of debtor

yes

no

SECTION 1: PERSONAL INFORMATION OF LEARNER (STUDENT)

ID: _____	Title: Mr _____ Ms _____ Other _____
Married: YES/NO _____	Maiden Name: _____
Surname: _____	
First names: _____	
Nick name: _____	T-shirt size: s _____ m _____ l _____ other: _____
Date of birth: _____	Gender: Male _____ Female _____
Race: White _____ Black _____	Colour: Indian _____ Other _____
Home Language: _____	
SA Citizen: yes _____ No _____	
Special learning needs: _____	
Highest level qualification: (GRADE) _____	
Home Address: _____	
Postal Address: _____	
Email: _____	Cell phone: _____

SECTION 2: SALON DETAILS OF PART TIME LEARNERS (STUDENTS)

Name of salon: _____
Name of Employer: _____ Tel no: _____
Address of salon: _____
Salon email: _____
Contract: yes _____ no _____

SECTION 3: NEXT OF KIN

Surname: _____	Relation: _____
Full name: _____	
Home tel: _____	Cell phone: _____
Email: _____	
Home address: _____	

Montana Value Centre, Tibouchina Street 1151, Montana Park, Pretoria, 0159.

Principal: D Cilliers, La Louve Private Hair Academy Pty Ltd 2007/007976/07 t/a La Louve Private Academy

SECTION 4: ACCOMMODATION

Accommodation required: No Yes Supply information please
 Breakage deposit payable equal to one months rental

SECTION 5: FINANCIAL AGREEMENT

Information of person responsible for payment of fees

Original agreement to be submitted no later than 31 January

ID: _____	Title: Mr _____ Ms _____ Other _____
Surname: _____	
First names: _____	
Relation to student: _____	
Home Address: _____	
Postal Address: _____	
Employer: _____	Occupation: _____
Address of Employer: _____	
Email: _____	Cell phone: _____
Home tel: _____	Work tel: _____
Fax: _____	
Marital status: _____	
Are you applying for a student loan ? yes no _____	

2027 Fee structure**FULL TIME STUDIES - NATIONAL AND INTERNATIONAL QUALIFICATION**

Registration	R	6,000.00
Textbook & notes	R	1,500.00
La Louve shirt	R	250.00
Full kit	R	13,000.00

R 20,750.00

Class fees R 77,000.00

Include knowledge and practical modules

exam fees

GRAND TOTAL R 97,750.00

***Exclude City & Guilds international exam (R7 000.00) optional extra**

***Exclude re assessments**

PAYMENT OPTIONS

PLEASE INITIAL AT YOUR CHOSEN PAYMENT OPTION:

Option 1 Once off payment national qualification (R 90 000.00)

Option 2 1st payment of R20 750,00 and
 11 monthly payments of R 7 000.00

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PART TIME STUDIES

Registration	R 6,000.00
Textbook & notes	R 1,500.00
La Louve shirt	R 250.00
Basic kit	R 3,000.00
	R 10,750.00
Class fees	R 77,000.00
TOTAL	R 87,750.00

Include knowledge and practical modules exam fees

***Excluding City and Guilds International exams (R7 000-00) optional extra**

***Exclude re assessments**

Full kit of R13 000 is also available to part time learners on request

(FULL KIT R13 000.00

SUBJECTED TO EXCHANGE RATE)

PLEASE INITIAL AT YOUR CHOSEN PAYMENT OPTION:

Option 1

Payment of R 10 750 with registration and R38 500,00 (YEAR ONE)
and R38 500,00 (YEAR TWO)
(payment in January of study year)

Option 2

Payment of R10 750.00 and monthly instalments of
R3 850.00 over 20 months

BANK DETAILS:

Bank: NEDBANK

Branch Code: 155 345

Acc no: 1553 072 995

Account name: LA LOUVE PRIVATE HAIR ACCADEMY

REFERENCE: LEARNER NAME AND SURNAME MUST ALWAYS BE SUBMITTED ON PAYMENTS MADE

DECLARATION BY PERSON RESPONSIBLE FOR FEES:

Montana Value Centre, Tibouchina Street 1151, Montana Park, Pretoria, 0159.

Principal: D Cilliers, La Louve Private Hair Academy Pty Ltd 2007/007976/07 t/a La Louve Private Academy

1. I the undersigned, hereby certify that the learner indicated above, has my consent and financial support to be registered for the learning options indicated.
2. I accept full responsibility for all costs with respect to fees for the learning programme that will be attended by the learner indicated herein.
3. I confirm that all above information provided by me is true and correct
4. The learner will only be deemed as enrolled once the registration deposit has been deposited and proof thereof been received
- 5. I understand and accept that I will be held responsible for the outstanding amount of the programme fees if the learner or any authorised person cancels the learning programme. In case of a dispute both parties agree to the jurisdiction district of court at Pretoria North.**
- 6. I undertake to pay all due fees immediately with cancellation of learning programme.**
7. I accept that La Louve Private Hair Academy reserves the right of admission
8. I accept that La Louve Private Hair Academy reserves the right to upgrade or adapt learning material to the requirements of the Service Seta or other relevant bodies.
9. I accept that a non-refundable registration deposit, with certified copies of the learners Identity document, Senior certificate and or Highest Qualification and all other relevant documents must accompany the completed registration form
10. I understand that if the above payment arrangements are not met, the learner may not attend any classes or take part in any assessments until further arrangements have been made with management.

Signed at _____ on this _____ day of _____ 20__

Name of person responsible for account: _____

Signature: _____

DECLARATION BY STUDENT:

1. I agree that information supplied in this document is correct.
2. I will familiarise myself with the rules and regulations of La Louve Private Hair Academy
3. I commit myself to comply with these rules.

Signed at _____ on this _____ day of _____ 20__

Signature of learner: _____

Signature of witness: _____