



**SCHOOL APPLICATION FORM**

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# INTERESTED IN STUDYING WITH US?

PLEASE COMPLETE THE APPLICATION FORM  
BELOW AND SEND IT ALONG WITH A COPY OF YOUR ID  
TO [INFO@ALICIABUCKLE.CO.ZA](mailto:info@aliciabuckle.co.za)

## SECTION 1: APPLICANT DETAILS

FULL NAME

SURNAME

ID NUMBER   
(please attach copy of your ID)

ADDRESS   
(where you are going to stay during the duration of the course)

CELL NO

EMAIL ADDRESS

MEDICAL HISTORY

EMERGENCY CONTACT

## SECTION 2: CONTACT DETAILS OF PARENT/HUSBAND/GUARDIAN THAT WILL BE RESPONSIBLE FOR PAYMENT OF COURSE

NAME AND SURNAME

ID NUMBER

ADDRESS

CELL NO

EMAIL ADDRESS

PLEASE TICK THE COURSE(S) YOU WOULD LIKE TO ATTEND:

Advanced make up course  Basic hairstyling course

5 Station Str, Paarl, Western Cape, 7654

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