



Application Form

Year 7 Entrance Examination

<p>OUR ADMISSIONS POLICY STATES THAT CANDIDATES MUST BE 11 YEARS OLD BY SEPTEMBER IN THE YEAR THEY JOIN JAMES HOPE COLLEGE. APPLICATIONS FROM CANDIDATES BETWEEN 10 YEARS & 6MONTHS AND 11 YEARS & 6MONTHS WILL BE ACCEPTED. ONLY CORRECTLY COMPLETED FORMS WILL ACCEPTED.</p>	<p>ATTACH PASSPORT PHOTOGRAPH HERE</p>
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Please forward copies with your application: -

A copy of your child's full birth certificate or passport data page

(scanned copies are acceptable if you are returning this form by email)

A copy of your child's latest academic report

A copy of the Bank deposit slip (bank details on page 3), N10,000 (Ten Thousand Naira) **non-refundable**, for the **ADMISSIONS TEST**

STUDENT DETAILS

Surname of Pupil	First Name(s) of Pupil (Legal Names)
Preferred First Name	Date of Birth
Gender FEMALE / MALE	Nationality
Main Residential Address	Contact Telephone Number
Preferred Email: (The address to which all correspondence will be sent)	Language(s) spoken
	Religion

Do you have any friends or family at James Hope College? If so specify.....

How did you hear about James Hope College?

Medical and/or Specific Educational Requirements

Please state if your child has any medical or educational requirements that need to be considered.

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DETAILS OF CURRENT SCHOOL

Name and Address of Current School	Current Principal
Telephone Number	Email

PARENT/GUARDIAN CONTACT DETAILS

Please note that if parents live at different addresses, then correspondence will be automatically sent to both

Full Name and Title of Mother	
Residential Address	
Occupation	Nationality
Mobile Telephone	State of Origin
Work telephone	Email Address
Full Name and Title of Father	
Residential Address	
Occupation	Nationality
Mobile Telephone	State of Origin
Work telephone	Email Address

Preferred Venue: Lagos Abuja Port Harcourt Enugu Warri JHC Agbor (please tick one)

Preferred Date: 26th January 2019 9th February 2019 (please tick one)

