

Application Form

Year 7 Supplementary Entrance Examination

OUR ADMISSIONS POLICY STATES THAT CANDIDATES MUST BE BETWEEN 10.5 & 11.5 YEARS OLD BY SEPTEMBER IN THE YEAR THEY JOIN JAMES HOPE COLLEGE. ONLY APPLICATIONS FROM CANDIDATES BETWEEN 10.5 & 11.5 YEARS AND CORRECTLY COMPLETED FORMS WILL BE ACCEPTED.
If your child/children are younger than 10.5 years or older than 11.5 years in September, the year they join JHC, then do not complete this form. CONTACT the REGISTRAR.

**ATTACH PASSPORT
PHOTOGRAPH
HERE**

Did your child/children sit the JHC Entrance Examinations before?

YES or NO: If yes, then do not complete this form. **WE DO NOT DO RESITS.**

Please attach copies of the following documents with your application: -

A copy of your child's full birth certificate or passport data page (*scanned copies are acceptable if you are*

A copy of your child's latest academic report (*returning this form by email*)

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

PLEASE NOTE: THE DEPOSIT FEE IS NON-REFUNDABLE.

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) <u>PLEASE PRINT</u>	Language(s) spoken
	Religion
<p>Do you have any friends or family at James Hope College? If so specify.....</p> <p>How did you hear about James Hope College? </p>	

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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 ☐ JHC Agbor ☐ (please tick one)

Preferred Date: 13th March 2021 **ONLY**

CLOSING DATE FOR SUBMISSION: 5th March 2021

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IMPORTANT: Please note that the student is to complete in their own handwriting (not to be typed) and not to exceed the space provided)

WHY I WANT TO BE A STUDENT AT JAMES HOPE COLLEGE?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signed (*Parent's signature*):

Date:

Upon **completion** please return to the Registrar, James Hope College, Obi Ikechukwu Road, formerly Old Lagos-Asaba Road, Agbor Obi, Delta State. Or send to JHC Lagos Liaison Office, Plot 2, Ajose Adeogun, Zenon House, V.I(Left wing 6th floor), Nigeria. Please include all documentation required as requested.

If you need to email, then please scan and send to admission@jameshopecollege.edu.ng or call +234 708 536 9376; +234 708 366 2229; +234 708 564 4062; +234 701 828 2065

Banking Details

Please deposit Examination Fee into the following Bank account.

Zenith Bank
James Hope College Foundation
1012633040
057150013 (sort code)
Reference: Name and Surname followed by JHC ENT- 2021/22

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CHECK LIST FOR PARENTS

- YOU HAVE READ THROUGH THE APPLICATION FORM
- ATTACHED A COPY OF THE BIRTH CERTIFICATE OR PASSPORT DATA PAGE
- ATTACHED A PASSPORT PHOTO
- ATTACHED A MOST RECENT ACADEMIC REPORT
- ATTACHED A COPY OF THE TELLER
- COMPLETED PAGES 1-3 WITH ALL THE CORRECT INFORMATION

YES	NO

SIGNED:-----

DATE: -----