

Application Form

Year 7 Entrance Examination

OUR ADMISSIONS POLICY STATES THAT CANDIDATES MUST BE BETWEEN 10 & AROUND 12 YEARS OF AGE AND HAVE COMPLETED SIX (6) YEARS OF PRIMARY EDUCATION BY SEPTEMBER IN THE YEAR THEY JOIN JAMES HOPE COLLEGE. PLEASE COMPLY WITH THE REQUIREMENTS AS ABOVE. IF IN DOUBT, THEN CONTACT THE REGISTRAR.

We do not do resits as per JHC Admission Policy.

**ATTACH PASSPORT
PHOTOGRAPH
HERE**

Did your child/children sit the JHC Entrance Examinations before? (If yea, contact the Registrar)

YES or NO:

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**), N20,000 (Twenty 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) PLEASE PRINT	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?

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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: ☐ JHC LEKKI LAGOS ☐ ABUJA ☐ PORT HARCOURT (please tick one)

Preferred Date: ☐ 27th January 2024 ☐ 3rd February 2024 (please tick one)



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

ATION OCTOBER 20

Please deposit Examination Fee into the following Bank account.

Zenith Bank Plc
James Hope College
1222622881
057150013 (sort code)
Reference: Name and Surname followed by JHC ENT- 2024/25

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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: -----

CLOSING DATE FOR SUBMISSION: 17th January 2024