

# Application Form

## Year 7 Entrance Examination

<p><b>OUR ADMISSIONS POLICY STATES THAT CANDIDATES MUST BE BETWEEN <u>10 YEARS 6 MONTHS &amp; 12 YEARS OF AGE. THE CANDIDATE MUST HAVE COMPLETED SIX (6) YEARS OF PRIMARY EDUCATION</u> BY SEPTEMBER IN THE YEAR THEY JOIN JAMES HOPE COLLEGE.</b></p> <p><b>PLEASE COMPLY WITH THE REQUIREMENTS AS ABOVE. IF IN DOUBT, THEN CONTACT THE REGISTRAR/ ADMISSION OFFICER.</b></p> <p><b>We do not do resits as per JHC Admission Policy.</b></p>	<p><b>ATTACH PASSPORT PHOTOGRAPH HERE</b></p>
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Did your child/children sit the JHC Entrance Examinations before? (If yes, contact the Registrar/ Admission Officer)  
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 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**), **N100,000** (One Hundred 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 <b>FEMALE / MALE</b>	Nationality
Main Residential Address	Contact Telephone Number
Preferred Email: (The address to which all correspondence will be sent) <b>PLEASE PRINT</b>	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

<b>Full Name and Title of Mother</b>	
Residential Address	
Occupation	Nationality
Mobile Telephone	State of Origin
Work telephone	Email Address
<b>Full Name and Title of Father</b>	
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  7<sup>TH</sup> February 2026



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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 RECEIPT
- COMPLETED PAGES 1-3 WITH ALL THE CORRECT INFORMATION

YES	NO

SIGNED: .....

DATE: .....

ENTRANCE EXAMINATION JANUARY/FEBRUARY 2026

**CLOSING DATE FOR SUBMISSION: Tuesday 3<sup>rd</sup> February 2026**