



Application Form

Year 7 Entrance Examination

OUR ADMISSIONS POLICY STATES THAT CANDIDATES MUST BE BETWEEN <u>10.5 & 11.5 YEARS OLD</u> BY SEPTEMBER IN THE YEAR THEY JOIN JAMES HOPE COLLEGE. APPLICATIONS FROM CANDIDATES BETWEEN <u>10.5 & 11.5 YEARS ONLY</u>, WILL BE ACCEPTED. ONLY CORRECTLY COMPLETED FORMS WILL BE ACCEPTED.	ATTACH PASSPORT PHOTOGRAPH HERE
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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: 25th January 2020 1st February 2020 (please tick one)

CLOSING DATE FOR SUBMISSION: 10th JANUARY 2020

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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?

Signed (*Parent's signature*):
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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- 2019/20
