

# Application Form

## Year 7 Entrance Examination

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

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**), **N35,000** (Thirty-five 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:  1<sup>ST</sup> February 2025  8<sup>TH</sup> February 2025 (please tick one)

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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?

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Signed (*Parent’s signature*):  
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Date: .....

Upon **completion**, please return to the Registrar, James Hope College, Twin Lakes Estate, Lekki, Lagos. Please include all documentation required as requested.

If you need to email, then please scan and send to [admission@jameshopecollege.edu.ng](mailto:admission@jameshopecollege.edu.ng) or call +234 708 536 9376; +234 708 366 2229; +234 701 534 9257; +234 701 828 2065 for further clarification or more information.

**Banking Details**  
Please deposit Examination Fee into the following Bank account.

<p><b>Zenith Bank Plc</b> <b>James Hope College</b> <b>1222622881</b> <b>057150013</b> (sort code) Reference: Name and Surname followed by JHC ENT- 2025/26</p>
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**CLOSING DATE FOR SUBMISSION: 28<sup>th</sup> January 2025**

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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: .....

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