

#### **Year 7 Entrance Examination**

OUR ADMISSIONS POLICY STATES THAT CANDIDATES MUST BE BETWEEN 10
YEARS 6 MONTHS & 12 YEARS OF AGE. THE CANDIDATE MUST HAVE COMPLETED
SIX (6) YEARS OF PRIMARY EDUCATION BY SEPTEMBER IN THE YEAR THEY JOIN
JAMES HOPE COLLEGE.

ATTACH PASSPORT
PHOTOGRAPH
HERE

PLEASE COMPLY WITH THE REQUIREMENTS AS ABOVE. IF IN DOUBT, THEN CONTACT THE REGISTRAR/ ADMISSION OFFICER.

We do not do resits as per JHC Admission Policy.

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 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), 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	e(s) of Pupil (Legal Names)
Preferred First Name	Date of Bir	th
Gender <b>FEMALE / MALE</b>	Nationality	/
Main Residential Address	Contact Te	elephone Number
	Language(	s) spoken
Preferred Email: (The address to which all	Religion	
correspondence will be sent) PLEASE PRINT		
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### **Year 7 Entrance Examination**

Do you have any friends or family at James Hope College? If so specify				
How did you hear about James Hope College?				
DETAILS OF CURRENT SCHOOL				
Name and Address of Current School	Current Principal			
	S.BRO.			
Telephone Number	Email			
	GUARDIAN CONTACT DETAILS  esses, then correspondence will be automatically sent to both			
	esses, then con espondence 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			



### **Year 7 Entrance Examination**

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Dreferred Venue: THELERKILLAGOS TARLIJA TO DORT HARCOURT (places tick and)
Preferred Venue: JHC LEKKI LAGOS ABUJA PORT HARCOURT (please tick one)
Preferred Date: 31 <sup>ST</sup> January 2026 7 <sup>TH</sup> February 2026 (please tick one)
<b>IMPORTANT:</b> The <u>student</u> must complete this in their <u>own handwriting</u> (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):
Date:

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

If you need to email, then please scan and send to <a href="mailto:admission@jameshopecollege.edu.ng">admission@jameshopecollege.edu.ng</a> 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.



#### **Year 7 Entrance Examination**

Zenith Bank Plc James Hope College 1222622881

**057150013** (sort code)

Reference: Name and Surname followed by JHC ENT- 2026/27

# **CLOSING DATE FOR SUBMISSION:** Friday 23<sup>rd</sup> January 2026

#### **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
1	

NGNED: ------



# **Application Form Year 7 Entrance Examination**

ENTRANCE EXAMINATION JANUARY REBRURRY 2026