Application Form

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. **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.**	**ATTACH PASSPORT PHOTOGRAPH HERE**

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**), **N250,000** (Two Hundred and Fifty 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
	Language(s) spoken
Preferred Email: (The address to which all correspondence will be sent) **PLEASE PRINT**	Religion

Do you have any friends or family at James Hope College? If so specify……

How did you hear about James Hope College?

…….

ENTRANCE EXAMINATION JANUARY/FEBRUARY 2027

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 **Preferred Date**: ☐ 30th January 2027 ☐ 6th February 2027

(please tick one)

6TH February 2027 ONLY ☐ ABUJA ☐ PORT HARCOURT

ENTRANCE EXAMINATION JANUARY/FEBRUARY 2027

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IMPORTANT: The ***student*** must complete this 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/ 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 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.

Zenith Bank Plc
James Hope College
1222622881
057150013 (sort code)
Reference: Name and Surname followed by JHC ENT- 2027/28

CLOSING DATE FOR SUBMISSION: Friday 22nd January 2027

ENTRANCE EXAMINATION JANUARY/FEBRUARY 2027

JAMES HOPE COLLEGE

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CHECK LIST FOR PARENTS

	YES	NO
• 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		

SIGNED: ---------- **DATE:** ----------

ENTRANCE EXAMINATION JANUARY/FEBRUARY 2027

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