HOPEWELL COLLEGE

ADMISSION FORM

075

Affix Passport Photograph Here

APPLICANT'S DATA

1. SURNAME: _____
2. FIRST NAME: _____
3. OTHER NAMES: _____
4. DATE OF BIRTH: _____
5. PLACE OF BIRTH: _____
6. AGE _____ (7) SEX: _____ (8) RELIGION: _____
9. NATIONALITY _____ (10) STATE: _____
11. LOCAL GOVT: _____
12. APPLICANT'S PREVIOUS SCHOOL ADDRESS: _____
13. APPLICANT'S DESIRE: JSS 1 ☐ JSS 2 ☐ JSS 3 ☐
14. DAY ADMISSION: ☐
15. BOARDING ADMISSION: ☐
16. TRANSPORT FACILITY: YES: ☐ NO: ☐
17. IS APPLICANT ON SPECIAL MEDICAL PRESCRIPTION: YES ☐ NO: ☐

If yes; please attach the Medical Report.

HOPEWELL COLLEGE

PARENT/GUARDIAN DATA:

Father's Name: _____

Mother's Name: _____

Father's Occupation: _____

Mother's Occupation: _____

Father's Office: _____

Mother's Office: _____

Home Address: _____

Father's Tel: _____

Mother's Tel: _____

ATTACHMENTS:

1. Recent Passport Photograph (B/W or Colored)
2. Last School's Report
3. Medical Report (Public or Private Hospital)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE _____

_____ *Applicant Signature & Date*

_____ *Parent Signature & Date*

FOR OFFICIAL USE ONLY

EXAM SCORE _____

DATE OF ADMISSION _____

_____ *Principal's Signature & Date*