



HOPECREST COLLEGE

(Hopecrest Academy International Ltd.)
Km 5, Igbo-ora - Idere Road

For Office Use only

Entry Date:	
Class:	
Exit Date:	

Affix your
photograph
here

APPLICATION FORM

Form No: _____

Name of Student (Last, First Middle): _____

Date of Birth:	Age:	Sex:	Male or Female
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Language Spoken:	Nationality:
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Previous School: _____

Previous Class: _____

Address: _____

Details of Parents/Guardians:

Father's Name: _____

Mother's Name: _____

Guardian's Name: _____

Address: _____

Phone No:	Parent Religion:
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Father's Place of Employment:	Mother's Place of Employment:	Guardian's Place of Employment:
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Work Phone No:	Work Phone No:	Work Phone No:
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Email:	Email:	Email:
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In case of Emergency, HOPECREST COLLEGE should contact

Name:	Name:
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Address:	Address:
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Phone Number(s):	Phone Number(s):
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DECLARATION: I declare that all the information provide above are true

Parent's/Guardian's Signature

Affix your
photograph
here

Hopecrest Academy International Limited

JSS 1, JSS 2, SSS 1 & SSS 2 Entrance Exams 20_____

Received with thanks from _____ the sum of
N_____ being Entrance Examination Fee.

The candidate should bring the completed form and this slip to have access to the examination hall on Saturday
_____ 20_____ at 9:00am.

For the Principal