



HOSANNA INTERNATIONAL COLLEGE

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ENTRANCE ADMISSION FORM

_____ ACADEMIC YEAR EAF/OL/ _____



PLEASE FILL IN CAPITAL LETTERS

NAME _____

SURNAME

FIRST NAME

OTHER NAME

DATE OF BIRTH _____ GENDER _____ PLACE OF BIRTH _____

(Please attach proof)

NATIONALITY _____ STATE OF ORIGIN _____

LOCAL GOVT (OF ORIGIN) _____ RELIGION _____

NAME OF PARENTS/GUARDIAN _____

OCCUPATION OF PARENTS/GUARDIAN _____

ADDRESS _____

PHONE NO _____ E-MAIL _____

PRIMARY SCHOOL ATTENDED _____

PRESENT CLASS _____

PARENT'S SIGNATURE _____ DATE _____

HEADTEACHER'S SIGNATURE & STAMP _____

NOTE:

Completed Admission Form should be returned not later than two weeks before Examination.

ENTRANCE EXAMINATION Scheduled _____ Time _____

FOR OFFICIAL USE ONLY

Score _____ Remarks _____