



ENTRANCE EXAMINATION FORM Form No.: _____

EUCHARISTIC HEART OF JESUS MODEL COLLEGE

ASA DAM ROAD, P. O. BOX 4580, ILORIN, KWARA STATE.

Motto: (AD MAJOREM DEI GLORIAM)

TEL.: 08056432423, 07039331351

e-mail: ehjm@yahoo.com

website: ehjmodelcollege-ilorin.com

STUDENT'S DETAILS:

NAME			PASSPORT
(Surname)	(Other Names)		
DATE OF BIRTH		AGE	
SEX (Tick)	MALE	FEMALE	
HOME TOWN	L.G.A.		
STATE OF ORIGIN			
NATIONALITY			
RELIGION	(DENOMINATION)		
PRESENT SCHOOL & ADDRESS			
	PRESENT CLASS		
HEAD TEACHER'S SIGNATURE & STAMP			

PARENTS' DETAILS:

FATHER'S NAME			
RESIDENTIAL ADDRESS			
MAILING ADDRESS			
OCCUPATION		TEL. NO.	
MOTHER'S NAME			
RESIDENTIAL ADDRESS			
MAILING ADDRESS			
OCCUPATION		TEL. NO.	
Candidate's Signature	Date	Parent's/Guardian's Signature	Date

NOTE: COMPLETED FORMS ARE TO BE RETURNED TO THE SCHOOL.



EUCHARISTIC HEART OF JESUS MODEL COLLEGE

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(PLEASE BRING THIS APPLICATION SLIP FOR THE EXAMS)

Candidate's Name			PASSPORT
Examination No.	Examination Date		
Centre: EUCHARISTIC HEART OF JESUS MODEL, ASA DAM ROAD, ILORIN, KWARA STATE			
Candidate's Sign.	Date		
Parent's Signature	Date		

Time: 8:00 AM PROMPT

SUBJECTS: (J.S. 1): 1. ENGLISH 2. MATHEMATICS 3. GENERAL PAPER.

(J.S. 2 and S.S. 1): 1. ENGLISH 2. MATHEMATICS 3. SOCIAL STUDIES 4. BASIC SCIENCE.

PLEASE BRING YOUR WRITING MATERIALS TO THE EXAMINATION CENTRE.