



# MAGDALEN COLLEGE SCHOOL

for official use only

## ASSESSMENT

Surname of child .....

First names .....

Date of birth ..... Proposed year of entry .....

Current school (for how long?) .....

### DETAILS OF PARENTS

**Father**

**Mother**

Name (*Including Title*)

.....

.....

Email .....

.....

Address .....

.....

.....

.....

.....

.....

.....

.....

Telephone .....

.....

Emergency contact details (in case we need to contact you during the assessment):

.....

If there is any information of which we should be aware whilst assessing your son (eg recent illness, special needs, educational psychologist's report, extra support in school etc), please provide details.

.....

.....

.....

.....

.....

Interests: sports, hobbies, music, drama

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Please return this form with a cheque payable to Magdalen College School:  
The Registrar, Magdalen College School, Cowley Place, Oxford OX4 1DZ.  
Email: registrar@mcsoxford.org**