



**MAGDALEN COLLEGE SCHOOL
OXFORD**

**JUNIOR SCHOOL
REGISTRATION FORM**

Magdalen College School
Oxford OX4 1DZ
Tel: 01865 242191
Fax: 01865 240379
registrar@mcsoxford.org

Please complete this form in BLOCK CAPITALS

PUPIL INFORMATION

Surname	First names
Preferred name	Date of birth
Proposed year of entry to MCS	Proposed stage of entry <i>(please circle)</i> 7+ 8+ 9+ 10+

EDUCATION

		Dates attended
Current School <i>(including address and email)</i>		
Previous schools		

DETAILS OF PARENTS

Father's full name <i>(including title)</i>	Mother's full name <i>(including title)</i>
Father's address	Mother's address
Postcode	Postcode
Father's home tel	Mother's home tel
Father's work tel	Mother's work tel
Father's mobile	Mother's mobile
Father's email	Mother's email
Father's occupation	Mother's occupation
Father's company name	Mother's company name

All routine correspondence will be sent by electronic mail. If you do not use email regularly, please tick this box

Where parents addresses are different, please state applicant's primary residence	Mother <input type="checkbox"/>	Father <input type="checkbox"/>
Are parents jointly responsible for the applicant's education? <i>If 'No', please supply details separately and in confidence</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you change address, please keep the school informed, including the applicant's name, date of birth and proposed year of entry in communications.

MEDICAL INFORMATION AND LEARNING SUPPORT

If your son has any medical condition or other disability that might affect his life at MCS, please let us know below.	If your son has had any specialist education assessment , please let us know below.

OTHER INFORMATION

Applicant's nationality	British <input type="checkbox"/> Other European <input type="checkbox"/> Other Non-European <input type="checkbox"/> <i>If Other Non-European please specify nationality and include any relevant visa details:</i>
Details of applicant's siblings <i>(please give names and dates of birth)</i>	
Are there any family connections with the school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details	

DECLARATION

We request that our son be registered as a prospective pupil for Magdalen College School. We understand that the school's standard terms and conditions and privacy policies are always available on request and may undergo reasonable changes from time to time as circumstances require. We understand that the school may be contacting us until the data retention period is met or until we notify the school that we no longer wish to be contacted.

This completed form should be returned to: The Registrar, Magdalen College School, Oxford OX4 1DZ (registrar@mcsoxford.org), with a non-returnable registration fee of **£100**. Cheques should be made payable to Magdalen College School.

Payment by direct bank transfers can be made both from within the UK and from abroad using the following bank details: Account No: 01530755; Sort Code: 60-70-03; IBAN: GB32 NWBK 6070 0301 5307 55; BIC: NWBK GB 2L

Please use your child's surname as the reference. Please tick if you are paying by bank transfer.

Signature (father)	Signature (mother)
Date	Date

The information provided on this form will be processed electronically and is subject to the terms of the General Data Protection Regulation of 2018. Our privacy policy can be found at www.mcsoxford.org/legal-and-regulatory. To unsubscribe from receiving emails or to change mailing preferences please contact: data@mcsoxford.org or The Bursar. Magdalen College School will not disclose any personal information and is committed to safeguarding and promoting the welfare of children and young people.