

**Magdalen College School**

**Application Form for 13+ Academic Scholarship 2020**

This form should be returned with a letter of recommendation from your son’s Head Teacher to:

The Registrar, Magdalen College School, Oxford OX4 1DZ by **Friday 10th January 2020.**

**registrar@mcsoxford.org**

Name .......................................................................................................................................................

Date of Birth .......................................................................................................................................................

School .......................................................................................................................................................

Parents .......................................................................................................................................................

Address .......................................................................................................................................................

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Telephone Number .......................................................................................................................................................

**Optional Papers**

Please indicate whether your son will be taking any of the following optional papers, stating how long he has been learning the subject:

 German .......................................................................................................................................................

 Greek .......................................................................................................................................................

 Spanish .......................................................................................................................................................