



Arles N.S.

Ballickmoyler, Co. Laois

Roll Number: 18532J

Telephone: 0599147731

Principal: Mrs. Annette Fitzpatrick

Email: principal@arlesnationalschool.ie

Website: www.arlesnationalschool.ie

Enrolment Form Arles N.S.

September 2017

Dear Parent/Guardian,

If you intend to send your child to this school in Sept. 2017, please complete the following:

Student's Name

Address

Contact Phone Numbers (school hrs.) Work/Mobile

Place in Family

Strengths

Father's Name

-----**Occupation**-----

Mother's Name

-----**Occupation**-----

Name of Guardian if different



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Religion

Nationality

Date of Birth

Phone No/home

Name of Family Doctor

Phone No

Previous Pre- School/ Creche/ Montessori School Attended

Phone No.-----Class-----

Is child being transferred from a previous school?-----

If yes please give reason for transfer.-----

Contact Teacher -----

Does the Student suffer from any medical condition? -----

If yes, please give details



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Is the student taking medication?-----If yes, please give details-----

Does the student have any special educational needs? -----If yes, please give details-----

Has your child ever been assessed for such needs?-----

**Has schooling ever been significantly interrupted for illness or any other reason-----
If yes, please give reason**

Is your child exempt from Irish? Yes----- No -----

Do you wish to avail of bus service?-----

Please supply any other relevant information to the School Principal including any special custody/ collection arrangements.

Please forward long Birth Certificate and Baptismal Certificate.

Parent's/Guardian's Signatures:-----

Date-----

Please inform the school in writing of any changes to this form.

If you wish to meet the principal and/or look around the school you are most welcome. Please call the number above for an appointment.

Yours Sincerely,
Annette Fitzpatrick,
Principal



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Code of Behaviour Acceptance Statement:

We have read the Code of behaviour statement of Arles National School and we are willing to accept it, both in principle and in practice.

Signed;------(Parent/Guardian) Date:-----

Signed:------(Student Applying) Date: -----

I consent to have a picture of my child on web site / newspaper on school brochures, in the church etc.

I consent _____

I do not consent _____

Signed:_____