



Derby District High School

PMB 958

DERBY WA 6728

Phone: 9193 3000

Email: derby.dhs@education.wa.edu.au

RE - ENROLMENT

Ask for new enrolment form if you have not been to this school before

Surname: _____ First Name: _____

D.O.B: _____ Year Level: _____

Street Address: _____

Phone Numbers _____

Previous School: _____

Is the Student of Aboriginal or Torres Strait Islander origin? NO ☐ YES Aboriginal ☐

(For students of both Aboriginal & Torres Strait Islander origin Mark both 'YES' boxes) YES, Torres Strait Islander ☐

#1 PARENT / GUARDIAN

Name: _____ Relationship to Student: _____

Address: _____ P.O. Box: _____

Phone Numbers : (Home, work & mobile) _____

Email Address: _____

Others In Your Care At Derby District High School: _____

#2 PARENT / GUARDIAN

Name: _____ Relationship to Student: _____

Address: _____ P.O. Box: _____

Phone Numbers: (Home, work & mobile) _____

Email Address: _____

#3 EMERGENCY CONTACT

Name: _____ Relationship to Student: _____

Address: _____ P.O. Box: _____

Phone Number: _____

Email Address: _____

Do you agree to the media release agreement for your child YES ☐ NO ☐

Are there any changes to your child's health since their last enrolment? YES ☐ NO ☐

If YES please advise of changes: _____

Fill in new Medical forms

CONFIDENTIAL

Access Restriction - Is this student subject to any court orders in respect of their care, welfare and development? YES ☐ NO ☐

Is this Student in the care of the Department for Child Protection and Family Supports (CPFS) Director General? YES ☐ NO ☐

If YES, please specify the following -

Name of CPFS Case Manager/s: _____

CPFS District: _____

CPFS Contact Number: _____

#1 Contact SIGNATURE: _____

Date: _____

OFFICE USE ONLY

Entry Date: ____/____/____ Date Transfer Note Sent: ____/____/____ Enrolled by: _____

Previous School: _____ Records Received: YES ☐ NO ☐

Contributions and Charges Billing: PG1 ____% PG2 ____% Other ____%

Immunisation records provided: YES ☐ NO ☐

Year: _____ Form: _____

Entered on School Information System by: Name: _____ Date: ____/____/____