

MOUNT ROSKILL GRAMMAR SCHOOL

Ph: (09) 621 0050, Frost Rd, Mount Roskill, Auckland 1041, www.mrgs.school.nz

STATUTORY DECLARATION FOR IN-ZONE APPLICANTS

_ being the parent/guardian/caregiver of

__ (name of applicant), do solemnly declare:

- 1. That the information contained in this application is true and correct in every respect.
- 2. That the applicant's current residential address is:

| | Home Address of Student (eg 37 Frost Rd, Mt Roskill) | School Attended (eg Mt Roskill Intermediate) |
|---------------------------|--|--|
| 2024 / 2025 | | |
| (if different from above) | | |
| 2023 | | |
| 2022 | | |
| 2021 | | |
| 2020 | | |

3. I understand that students accepted under the In-Zone criterion are expected to remain in zone while attending the school.

NOTE: TO MAKE A FALSE DECLARATION IS A CRIMINAL OFFENCE.

The Ministry of Education has advised that parents should be warned of the possible consequences of deliberately attempting to gain priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary. For example:

- renting accommodation in-zone on a short-time basis;
- arranging temporary board in-zone with a relative or family friend; or

• using the in-zone address of a relative or friend as an "address of convenience" with no intention to live there on an ongoing basis. If the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of gaining priority enrolment at the school, then the Board of Trustees may review the enrolment. Unless the parents can give a satisfactory explanation within 10 days, the Board may annul the enrolment. This course of action is provided for under section 11OA of the Education Act 1989.

The school retains the right to make all inquiries necessary in its opinion to obtain information that may assist it to reach a decision in any particular case.

Authority to release information: I understand that Mount Roskill Grammar School may request information from the above schools for the purpose of:

- (i) ascertaining the learning needs, conditions, or any special circumstances relating to my student
- (ii) verifying my student's residential address

and accordingly I authorise the release of that information

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957

| Dated at Auckland this day of | | 2024/2025 | |
|--|----------------------|------------------|--|
| Signed: | Signed: | | |
| (Parent or Guardian) | (Justice of the Peac | e, OR Solicitor) | |
| Details of the above person authorised to take a Sta | atutory Declaration | STAMP | |
| Name: | | | |
| Address: | | | |
| Capacity: Justice of the Peace | Solicitor | | |

Note: Any alterations made to this Statutory Declaration must also be signed by the Justice of the Peace, or Solicitor



Ph: (09) 621 0050, Frost Rd, Mount Roskill, Auckland 1041, www.mrgs.school.nz

CAREGIVER'S STATUTORY DECLARATION

Before completing the declaration, please read the requirements relating to caregivers on page 2 of the application form. You will be asked to provide evidence that your role as caregiver fits into one of the categories.

NOTE: TO MAKE A FALSE DECLARATION IS A CRIMINAL OFFENCE.

I, _____ do solemnly and sincerely declare. (full name of caregiver with whom the Applicant lives)

1. _____("the Applicant") resides with me at

(full name of Applicant)

(address)

on a fulltime permanent basis and has done so since _____(date).

- 2. I am fully aware of the zoning regulations that relate to Mount Roskill Grammar School and I confirm that the Applicant is entitled to make an in-zone application to the School.
- 3. I have been authorised by the parents of the Applicant to accept all correspondence from Mount Roskill Grammar School with respect to the Applicant.
- 4. I will notify Mount Roskill Grammar School immediately if there is any change in the living arrangements with respect to the Applicant.

And I make this solemn declaration believing the same to be true and correct by virtue of the Oaths and Declarations Act 1957.

| Dated at Auckland this | da | v of | 2024/2025 |
|------------------------|----|------|-----------|
| | | | |

Signature of Caregiver: _____

Signature of Justice of the Peace, or Solicitor

Details of person authorised to take a Statutory Declaration:

Name: _____

Address: _____

| | Stamp |
|--------|----------------------|
| | |
| | |
| | |
| L - | |
| | Justice of the Peace |
|] | Solicitor |