



Kerikeri High School

Kerikeri, Bay of Islands
New Zealand

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FOR THE PURPOSE OF KERIKERI HIGH SCHOOL IN-ZONE ENROLMENT

Date of Application _____

I, _____ (Name of Mother/Father)

of _____ (Address of Mother/Father)

confirm that I am the Mother/Father of

_____ (Student's Name) born _____ (Date of Birth)

and advise that my son/daughter is now living with

_____ (Name of Caregiver(s))

Residing at _____ (Address).

During the school term my daughter/son will be in the care and control of

_____ (Name and Address).

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

Signature of Declarant (Mother/Father) _____

Signature of Caregiver _____

Declared at _____ this _____ day of _____ 20____

Before me: _____

Deputy Registrar/Registrar of the High Court, Justice of the Peace, or Solicitor, or Notary Public, or Officer authorised to take and receive Statutory Declarations.

(CARE & CONTROL WITH ANOTHER CAREGIVER)

Principal: Mr M Clent, B.Ph.Ed., B.A., P.G.Dip.S.Mgmt, Dip.Tchg