



**Hobsonville  
School**

# Statutory Declaration

RESIDENTIAL ADDRESS | Hobsonville School Zone

## Statutory Declaration

To be witnessed by a Justice of the Peace (JP), Solicitor, Registrar or Deputy Registrar of the District Court.

I: (ENTER YOUR FULL NAME)

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Of: (ENTER ADDRESS WHERE YOU LIVE)

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Occupation: (EG TEACHER, BUILDER, UNEMPLOYED ETC)

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### Do solemnly and sincerely declare that:

I am the parent/caregiver of: (CHILD'S FULL NAME)

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and the address where we reside is within the Hobsonville School Zone.

I will inform the school of any change of address, and that we are not using this address with the intention of gaining acceptance to the school.

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

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### Witnessed declaration:

*(NB: Do not complete this section until you are with the person witnessing your declaration)*

Your signature: (PARENT / CAREGIVER)

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Declared at: (PLACE, EG TOWN OR CITY)

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Date: (DAY / MONTH / YEAR)

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Before me: (NAME OF OFFICIAL WITNESS)

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Signature of official witness:

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