



MOUNT ROSKILL GRAMMAR SCHOOL

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

OUT OF ZONE ENROLMENT APPLICATION 2026

Please tick the year level for which you are applying

☐ Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12 ☐ Year 13

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For Office Use	
Received	
Acc/Dec	
Pre-enrol	
Interviewer	

APPLICANT'S DETAILS

Legal Surname:	Date of Birth: / /
Given Names:	Gender: Male / Female / Other
Preferred Name (known as):	<i>Please note that this name will appear on reports and certificates</i>
Home Address:	Post Code:
Student Email Address:	First Language:
Student Mobile Phone:	Ethnicity 1:
Country of Birth:	Ethnicity 2:
Country of Citizenship:	Ethnicity 3:
If not born in New Zealand – Date of arrival must be given:	Iwi:
Last School Attended:	Year Level:

PROOF OF IDENTITY

	Check ✓	For School use
ALL STUDENTS	FULL BIRTH CERTIFICATE	
For Students born outside New Zealand who are Citizens	NZ Passport or Citizenship Certificate	
For Students born outside New Zealand who are NOT Citizens	Passport with Resident Permit or Student Visa	

SCHOOL REPORT

	Check ✓	For School use
The most recent school report		

OUT OF ZONE ORDER OF PRIORITY

	Check ✓	For School use
The applicant has brothers or sisters at Mt Roskill Grammar now: <i>Name(s) & House</i>		
The applicant has brothers or sisters who were at MRGS: <i>Name(s), House & final year of school</i>		
The applicant is the child of a past student of the MRGS: <i>Name(s)</i>		
The applicant is either a child of an employee of the school or a child of a member of the School Board: <i>Name of employee or Board member</i>		

Only completed applications, submitted by the deadline of 4.00pm Wednesday 27 August, will be included in the ballot. This applies to all Out of Zone applicants, without exception, including those on the priority list.

An application will only be completed when all the applicable supporting documents are provided and approved and an out of zone place is offered. Students who are accepted will be interviewed.

MOTHER ✓ <input type="checkbox"/>		GUARDIAN/CAREGIVER ✓ <input type="checkbox"/>		RELATIONSHIP <input type="text"/>	
Title:	Legal Surname:		First Names:		
Home Address:					
Email Address:				Post Code:	
Mobile Ph:		Work Ph:		Home Ph:	
Occupation:					
FATHER ✓ <input type="checkbox"/>		GUARDIAN/CAREGIVER ✓ <input type="checkbox"/>		RELATIONSHIP <input type="text"/>	
Title:	Legal Surname:		First Names:		
Home Address:					
Email Address:				Post Code:	
Mobile Ph:		Work Ph:		Home Ph:	
Occupation:					
If the applicant lives with a person other than with his or her parents please complete the Caregivers' Statutory Declaration form attached. Further evidence may be requested.					
EMERGENCY CONTACT PERSON (not a parent, guardian or caregiver)					
Title:	Legal Surname:		First Names:		
Home Address:				Post Code:	
Relationship to applicant:					
Mobile Ph:		Work Ph:		Home Ph:	
LEARNING INFORMATION					
Languages spoken at home: 1 st :			2 nd :		
ESOL Support given previously: <input type="checkbox"/> Yes <input type="checkbox"/> No			Teacher Aide support previously given: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NESB Y / N			ESL Assessment required Y / N		
Refugee Data: (please circle)		Quota	Family reunification	Asylum Seeker	
NZ Immigration Service Document:		Sighted Y / N Copied Y / N			
Learning Support Need/s:					
Diagnosed Learning Difficulty (please specify):					
ORS (Special Educational Needs) funding Y / N			ORS Number		
If ORS funded please provide IEP (Individual Education Plan)					



Vision

Our students will be successful, powerful learners who are active and responsible citizens.

Mission

In a safe, supportive environment MRGS will provide learning opportunities for each student to strive for excellence, realise their personal potential and develop understanding of social responsibility and respect for individual and cultural differences

HEALTH INFORMATION – for School Nurse

Doctor's Name and Phone Number: _____

I wish to enrol my child in the onsite School Dental Programme. (Please ✓) Yes ☐ No ☐

Please note: If you wish to **remove** your child from the School Dental Programme at any time, please inform the school in writing.

MEDICAL CONDITIONS: Please ✓ all that apply

Asthma ☐ Mild ☐ Moderate ☐ Severe ☐
Diabetes ☐
Epilepsy ☐
Heart Condition ☐
Rheumatic Fever ☐
Allergy ☐ Mild ☐ Moderate ☐ Severe ☐
Allergy details: _____

Any other medical conditions: _____

Past Major Head Injury ☐
Disability ☐
Emotional/Behaviour problems ☐
Anxieties ☐
Cultural Practices ☐
Details
.....

Physical Education restrictions / details

Will your child require medication at school? Yes ☐ No ☐ Current Medication

Please provide a copy of recent doctor's letters if available if your child has an ongoing medical condition as listed above.

If my child needs it, I give permission for the school nurse to give my child: (Please ✓)

• Panadol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Ibuprofen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Antihistamine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Ventolin if required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The nurses carry out an assessment (HEADSSS) which includes vision and hearing tests, and discussions on physical and emotional wellbeing on all Year 9 students and any other new students enrolling at the school. Please contact the nurses for further information if required. If you do not wish your child to have these assessments, please notify the school nurses in writing via nurses@mrgs.school.nz

I give permission for my child to receive health care and treatment at the school based health clinic.

This can include Doctor and Physiotherapist visits on site.

I consent for my child to be taken to a medical facility or clinic if deemed necessary.

I agree to meet any costs incurred.

Parent's / Caregiver's Signature: _____

Please note that enrolment in the school is deemed to have been completed when:

- all pre-enrolment procedures have been completed, formally acknowledged and accepted by the school; and
- the student begins attending the school i.e. enrolment in the school does not come into effect until the student is attending.

Enrolment is dependent on:

- the school being notified, in writing, of any changes to personal details provided before enrolment;
- any changes to personal details having been acknowledged in writing by the school as conforming with provisions of Enrolment Scheme i.e. students accepted as in zone students at the time of pre-enrolment must still be residing in zone when the student begins attending the school; and
- personal details provided at the time of the pre-enrolment being accurate.

i.e. no enrolment is confirmed until the student attends school and the information given to the school at pre-enrolment is confirmed as accurate and is current.

THE PRIVACY ACT 1993

The information requested is retained by the School and will be used for the following purposes:

- to provide information to the Ministry of Education; and the Ministry of Social Development.
- to maintain contact with Parents and Guardians; and
- to facilitate the operation and administration of the school

PERMISSIONS, AGREEMENTS and GUARANTEES

School Expectations and Uniform Requirements

Applicant: I have read the Permissions, Agreements and Guarantees listed above, the school expectation and the uniform requirements. My signature below indicates that I agree to abide by the school rules and the uniform requirements and that I will attend school regularly, respect the right of others to learn, wear the correct Mount Roskill Grammar School uniform and do my best to bring credit to the school, myself and my family.

Parent or Guardian: I have read the Permissions, Agreements and Guarantees, the school rules, and the uniform requirements. I agree to support the school by ensuring that the applicant abides by the school expectations and the uniform requirements, attends school regularly, respects the right of others to learn, and wears the correct Mount Roskill Grammar School uniform every day.

'On Foot' Excursions

Parent or Guardian: I understand that the applicant may be involved in activities which require walking off the school campus under the jurisdiction of members of staff (such as cross country runs and walking along and crossing public roads to areas surrounding the school). My signature below indicates that I give permission for the applicant to participate in these 'on foot' excursions. I am aware that excursions (trips) requiring transport will be individually and expressly authorised.

Publication and Display of the Applicants' work and Photographic Image.

It is the School's policy to display students' work wherever possible (including newsletters, prospectus, yearbook, open day displays, website etc) and to use their image, individually or as part of a group, in the same school publications. The Privacy Act requires that we have the permission of the students and their parents to do so.

Applicant: My signature below indicates that I give permission for the school to display my work and image in the school publications listed above.

Parent or Guardian: I am aware that under the Privacy Act the school requires my permission for the display or publication of my child's work or photograph. My signature below indicates that I give my permission for the school to display or publish my child's work in the school publications as listed above.

BYOD – Bring Your Own Device

We strongly encourage year 9 students at MRGS to bring devices to class. This means that the device is owned by the students / family and goes home with them at the end of the day. Digital technology is now a vital component of learning to enable our students to be work-ready when they leave our school. Students benefit from bringing in their own devices to use in class.

We recommend a laptop/notebook or Chromebook that connects to our Wi-Fi as we are a Google Apps for Education School.

Many students bring a smartphone to school, this is **NOT** a BYOD learning device as it is limited not only by its size but by its applications. Please note that students do not need to purchase the Microsoft Office Suite as it is provided by the school. The School will publish purchasing advice each year. For families experiencing hardship we have options to support your student to ensure they have what they need for their learning.

For any BYOD queries, please contact Mr Dunn, Deputy Principal. chris.dunn@mrqs.school.nz

Cybersafety Use Agreement

To the student, and the parent/legal guardian/caregiver

I have read and agreed to the digital citizenship agreement

We understand that Mount Roskill Grammar School will:

- Do its best to keep the School cybersafe, by maintaining an effective digital citizenship programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school ICT equipment/devices at school or at school-related activities, and enforcing the citizenship guidelines and responsibilities detailed in use agreements
- Keep a copy of this signed use agreement form on file
- Respond appropriately to any breaches of the use agreements
- Provide members of the school community with education around digital citizenship designed to complement and support the use agreement initiative
- Welcome enquiries from students or parents around digital citizenship
- Provide an avenue for complaints/concerns around harmful digital communications for all members of our school community to access.
- Students will be directed to Netsafe for Cybersafety Support.

My signature below indicates that I agree to meet the expectations as listed above.

I guarantee that the information I have provided in this application is correct to the best of my knowledge.

I am aware that any misleading information given in this document may affect the validity of the applicant's enrolment.

I am aware that the information provided will be used by the School for educational purposes.

I give permission for Mt Roskill Grammar School to receive learning information from my child's previous school to support their transition, and which may include academic, learning support and pastoral support.

I fully understand that the applicant will be included in routine health checks when necessary.

Signature of applicant _____

Date _____

Signature of Parent (Guardian/Caregiver) _____

Date _____