FRANKLIN D ROOSEVELT PRIMARY SCHOOL

Mendelssohn Road, Roosevelt Park PO Box 1070, Roosevelt Park, 2129
Tel: (011) 782 - 6526 Fax (011) 888 - 1476

www.fdrschool.co.za Email: headmaster@fdrprimary.co.za

DATA CAPTURE REGARDING 2025 INTAKE

This Application Form must be accompanied by:	*(For office use)*
1. Gauteng Department of Education - **Online Reference Number. (Gr 1 Only)**	
2. A **CERTIFIED** copy of the learner's UNABRIDGED birth certificate	
3. One recent passport photograph of the learner	
4. **CERTIFIED** copies of BOTH parents' / legal guardians' ID document	
5. A copy of the learner's most recent school report	
6. Proof of residential address which shall be in the **form of utility bill or lease agreement (minimum period of 12 months) in the name of the parent or legal guardian of the applicant.**	
7. A copy of the learner's Clinic Card	
8. The learner's Transfer Card (if applicable)	
9. Valid study permit for foreign learners as well as temporary residence permit of accompanying parent (both compulsory**) before a learner can start school**.	

Office use only:
Family Code. 3 Admin No. _____ Starting Date: D D / M M / Y Y

Grade in 20__: _____ Class code: _____

LEARNER'S INFORMATION

Please use BLOCK letters and cross the appropriate block where necessary ☒

Surname: _____

First Names: _____ Name to be used: _____

Gender: ☐ Male ☐ Female Date of Birth: D D / M M / Y Y

Doctor Name: _____ Dr Tel No.: (____)_____

Previous school: _____

Last Grade Passed: _____ Medical Aid Fund: _____

Medical Aid No.: _____ Name of Member: _____

Nationality: _____ Learners home language: _____

ID / Passport No.: _____ Country of birth: _____

Immigration status (if not SA):_____ Immigration date: _____

Ethnic group: _____ Religion *(optional)*: _____

Residential address:_____Postal code:_____

Telephone No. (H): (____)_____ Email: _____