

NEW PUPIL'S CUMULATIVE RECORDS

NAME _____
LAST FIRST MIDDLE

LAST SCHOOL ATTENDED _____
SCHOOL ADDRESS

PRESENT GRADE CLASSIFICATION _____ AGE NOW _____

DATE OF ENROLLMENT _____ DATE OF BIRTH _____

SOC. SEC # _____ RESIDENT NON-RESIDENT

NATIONALITY _____

Parent's Names	Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	Date of Birth	Citizen	Occupation	Deceased
Father					
Mother					
Guardian					

Present Mailing Address _____

Present Physical Address _____

Phone Number _____ With Whom Living _____

Number of Children in Family _____ Boys _____ Girls _____

Brothers		Sisters	
Name	Birth Date	Name	Birth Date

Check below any physical difficulty that might limit pupil's progress

Adenoids Hernia Speech Defect Asthma
 Tonsils Hearing Headaches Sight

Miscellaneous _____

Date

Signature of Parent or Guardian