

## 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 <input type="checkbox"/> | Hernia <input type="checkbox"/>  | Speech Defect <input type="checkbox"/> | Asthma <input type="checkbox"/> |
| Tonsils <input type="checkbox"/>  | Hearing <input type="checkbox"/> | Headaches <input type="checkbox"/>     | Sight <input type="checkbox"/>  |

Miscellaneous \_\_\_\_\_

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature of Parent or Guardian*