

APPLICATION FOR REGISTRATION  
FORT WORTH PUBLIC SCHOOLS

R K U N

SCHOOL NUMBER 260 DATE Sept. 6 1956

NAME OF PUPIL Oswald LEE HARVEY TELEPHONE PE-87259  
LAST FIRST MIDDLE

DATE OF BIRTH Oct 18 1939 AGE 16 SEX M PRESENT GRADE 10  
MONTH DAY YEAR

AUTHORITY GIVEN IN ESTABLISHING BIRTH DATE \_\_\_\_\_  
(TO BE FILLED IN FOR FIRST GRADE OR KINDERGARTEN CHILD ONLY)

RESIDENCE OF PUPIL 4936 Collinwood BIRTHPLACE NEW ORLEANS, LA.  
NUMBER STREET CITY COUNTY STATE

NAME OF PERSON WITH WHOM CHILD LIVES, IF NOT WITH PARENTS \_\_\_\_\_

SCHOOL ATTENDED LAST YEAR WARREN EASTERN NEW ORLEANS, LA.  
NAME CITY COUNTY STATE

CHILD'S ADDRESS WHEN ENUMERATED IN SCHOLASTIC CENSUS LAST JANUARY \_\_\_\_\_

FATHER'S NAME Dead ADDRESS \_\_\_\_\_  
LAST FIRST NUMBER STREET CITY STATE

MOTHER'S NAME Oswald, MARGARET ADDRESS 4936 Collinwood, Ft. Worth  
LAST FIRST NUMBER STREET CITY STATE

FATHER'S OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

DATE PUPIL MOVED TO FORT WORTH July 1st 1956  
MONTH DAY YEAR

IS THIS PUPIL A MEMBER OF ANY HIGH SCHOOL FRATERNITY OR SORORITY? YES \_\_\_\_\_ NO

\*Members of high school fraternities and sororities are banned from attendance in public schools by act of the Texas Legislature, October, 1949.  
FORM B

WHEN SUCCESSFULLY VACCINATED? NO PHYSICIAN \_\_\_\_\_ CITY Fort Worth  
YEAR

(A pupil whose vaccination has expired, or who was not regularly vaccinated in the Fort Worth Public Schools last year must present a certificate of successful vaccination signed by a licensed physician.)

HAS CHILD BEEN IMMUNIZED AGAINST DIPHTEHRIA? (YES) 1940 WHOOPING COUGH? (YES) 1940  
YEAR YEAR

IS CHILD HARD OF HEARING, NEAR-SIGHTED, OR HAS HE ANY OTHER PHYSICAL DEFECT OR WEAKNESS? NO  
(This information is necessary in order for the teacher to understand the pupil's needs)

IN CASE OF SUDDEN ILLNESS OR ACCIDENT, IF FAMILY CANNOT BE CONTACTED, CALL DR. \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PLEASE LIST BELOW THE NAMES OF ALL OTHER CHILDREN IN THE FAMILY UNDER EIGHTEEN (18) YEARS OF AGE.

	LAST NAME	FIRST NAME	BIRTHDAY			AGE		SCHOOL ATTENDING
			MONTH	DAY	YEAR	MALE	FEMALE	
1								
2								
3								
4								
5								

INDEXED  
FILED  
DATE 4-13-59  
INITIALS

I HEREBY CERTIFY THAT THE CHILDREN WHOSE NAMES ARE GIVEN HEREON ARE IN MY CHARGE AND CUSTODY AND THE DATES OF THEIR BIRTHS ARE TRUE AND CORRECT.

NOTE: This application must be signed by the father, mother, legal guardian, or person certifying to be in full legal control of pupil.  
SIGNED Marguerite C Oswald  
4936 Collinwood