

APPLICATION FOR REGISTRATION
FORT WORTH PUBLIC SCHOOLS



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, MARGRET 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 2

WHEN SUCCESSFULLY VACCINATED? 1952 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 DIPHTHERIA? (YES) 1940 WHOOPING COUGH? (YES) 1940
YEAR YEAR

IS CHILD HARD OF HEARING, NEAR-SIGHTED, OR HAS HE ANY OTHER PHYSICAL DEFECT OR WEARINESS? 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
XED
DATE 4-13-68
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