

Lee Oswald

New Orleans Public High Schools

PERSONAL HISTORY

Name Lee Oswald School Beauséjour J.H.S.  
Place of birth New Orleans Date of birth Oct 18, 1939

Address 126 Exchange Telephone none Height 5'5" Weight 135

What elementary schools did you attend? Regina elementary (East North Dept)

What was the last school you attended? P.S. 44 (New York)

Name of father Robert Ernest Oswald Home address \_\_\_\_\_ Living   
or Deceased

Occupation \_\_\_\_\_ Name of firm \_\_\_\_\_

Maiden name of mother Margaret Charles Home address 126 Exchange Living   
or Deceased

Occupation Store manager Name of firm \_\_\_\_\_  
If mother is not employed, state "housewife".

Name of guardian Margaret Oswald Home address 126 Exchange

Occupation store manager Name of firm \_\_\_\_\_

How many sisters do you have? none How many brothers? two

What religion are you? Lutheran What church do you attend? \_\_\_\_\_

State below the jobs you have had, including any present work:

Type of work	Employer	Duration of job
<u>Retail shoe business</u>	<u>Mr. Jordan</u>	<u>ten weeks</u>

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What subject or subjects do you like best? Chem, Science, Math, English

What subject or subjects do you like least? English, Art

What is your present vocational choice?  Biology  Medical Drawing

What do you plan to do after completing high school?  
College  Name \_\_\_\_\_ Course \_\_\_\_\_  
Commercial School  \_\_\_\_\_  
Work  \_\_\_\_\_  
Military Service  Branch of Military Service \_\_\_\_\_  
Undecided  \_\_\_\_\_  
Other Plans \_\_\_\_\_

Is your general health good? Yes If not, state why not \_\_\_\_\_

What poor health conditions have you that can be corrected, such as tooth decay, bad tonsils, etc.? none

What health conditions have you that will likely remain, such as hay fever, etc.? abnormal curvature in left leg

Circle below any special skills you may have:  
Typewriting \_\_\_\_\_ Blueprint Reading \_\_\_\_\_ Dancing \_\_\_\_\_  
Bookkeeping \_\_\_\_\_ Mechanical Drawing \_\_\_\_\_ Music \_\_\_\_\_  
Shorthand \_\_\_\_\_ Drawing \_\_\_\_\_ NAME INSTRUMENT \_\_\_\_\_  
Business Machines \_\_\_\_\_ Photography \_\_\_\_\_ Other \_\_\_\_\_  
NAME MACHINES \_\_\_\_\_ Radio \_\_\_\_\_

If you speak a foreign language fluently, state which one: \_\_\_\_\_

What are your recreational or pastime activities? Reading, outdoor sports

Are you interested in sports? yes Which ones? Football

Do you have any close friends in this school? yes If so, name two: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Date filled in: June 2, 1955

Dates checked: \_\_\_\_\_

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