56-LA-156 1A

VOL 2
1A31 - 1A49

FD - 245 (REV. 4-13-60)

Department of Justice

(SERIAL ... FROM OR ADDED TO THIS FILE)

FOIPA

NAME	COMPUTER NUMBER	DATE	BY
s H	2 5-53/5	4-5-8	S

RECORDS CENTER

1A49

BUREAU

of

DO NOT DESTROY
PRESERVE FOR SELECT
COMMITTEE ON ASSASSINATIONS

INVESTIGATION

CLASSIFICATION NO.

Vol 2

Bureau File Number

Volume Number 56-156-49/A

Serials Ser. 1431 — 6 Thru C

210

DO NOT DESTROY - PENDING LITIGATION

See also Nos. 121, 198, 167, 394 277B

277
67
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104
115
277A
161

DO NOT DESTROY
HISTORICAL
NATIONAL ARCHIVES

SHAW-WALKER 18-31713

KENSALT
56-156*

31. Copy of Pasadena City High School District, Attendance Summary for SIRHAN SIRHAN (6-10-68 JCW)
32. Emergency card instruction, Child Welfare Department for SIRHAN SIRHAN dated 9/24/58. (6-10-68 JCW)
33. Pasadena City Schools, Health Department form for SIRHAN SIRHAN (6-10-68 JCW)
34. Polio Immunization Statement dated 1/7/63 for SIRHAN B. SIRHAN (6-10-68 JCW)
35. School Record, Pasadena City Schools Elementary Registration form, HENRY W. LONGFELLOW SCHOOL for SIRHAN SIRHAN dated 1/21/57 (6-10-68 JCW)
36. Copy of Pupil Personnel Record, Pasadena City Elementary School, for Sirhan Sirhan (6-10-68 JCW)
37. Xerox copy of Munir Sirhan Elementary School record (6-10-68 JCW)
38. Xerox Copy of SIRHAN SIRHAN APPLICATION FOR ADMISSION (6-10-68 JCW)
39. Copy of Death Certificate of AIDA MENNELL (6-10-68 JCW)
40. Xerox Copy of Munir Sirhan Health Record (6-10-68 JCW)
41. Xerox copy of Munir Sirhan's Secondary School Record (6-10-68 JCW)
42. Xerox Copy of dismissal Recommendation on SIRHAN SIRHAN (6-10-68 JCW)
43. Xerox Copy of SIRHAN SIRHAN'S Permanent Record (6-10-68 JCW)
44. Xerox copy of Anonymous letter furnished by Robert C. Shaw & Trans World airlines
see set 56-156-286
6-11-68rc

45. Byblegram (telegram) to "Mc Arthy" furnished by S. M. L. New Orleans La Ser 300
6-11-68rc

46. 3x5 Index cards (24) with names of Individuals accompanying the Khaiber Khan
6-11-68rc

47. 3x5 Index cards (26) of individuals who have known or worked with the Khaiber Khan
6-11-68rc

48. 3x5 memo pad with handprinting in red ink the following "The Khaiber Khan - Goody" tel 475-1849 Hillshire
6-11-68rc

49. 2 sheets of yellow legal size paper "Volunteer to Distribute Literature" & "Sign up to Deliver Literature in Your Neighborhood" Sheets contain names of people associated with the Khaiber Khan
6-11-68rc

Originals of 1a46 1a47, 1a48, 1a49 returned to Jane Isackson 6-13-68 by La Doucette and Xerox copies made
mc

56-156-12

JUN 10

ER

FD-340 (REV. 6-24-65)

File No. 56-156 - 1a 31

Date Received 6/6/68

From John T. Harris
(NAME OF CONTRIBUTOR)

351 S. Hudson
(ADDRESS OF CONTRIBUTOR)

Pasadena, California
(CITY AND STATE)

By RICHARD H. ROSS
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

Copy of Pasadena City High School District, Attendance Summary for SIRHAN SIRHAN.

PASADENA CITY HIGH SCHOOL DISTRICT

PASADENA, CALIFORNIA

8

ELIOT

NAME SIRIAN SIRIAN MARSHALL

LAST FIRST MIDDLE SCHOOL

ATTENDANCE SUMMARY

ELIOT

	Grade 7 195 7 5 8	Grade 8 195 8 5 9	Grade 9 195 9 60	Grade 10 195 5	COMMENTS
1. Verified illness and professional services	0	1	0		Entered 9/15/58 Withdrew 10/2-7/58
2. Absence other than illness					
Days truant					
Days suspended					

Grade 7 195 5	Grade 8 195 8 5 9	Grade 9 195 9 60	Grade 10 195 5

Attendance checked

156-601 (P) E F

56-156+1231

FD-340 (REV. 6-24-65)

(3)

File No. 56-156 — 1a32

Date Received 6/6/68

From John T. Harris
(NAME OF CONTRIBUTOR)

351 S. Hudson
(ADDRESS OF CONTRIBUTOR)

Pasadena, California
(CITY AND STATE)

By RICHARD H. ROSS
(NAME OF SPECIAL AGENT)

To Be Returned ☒ Yes ☒ No

Receipt given ☒ Yes ☐ No

Description:

Emergency card instruction, Child Welfare Department for SIRHAN SIRHAN dated 9/24/58.

EMERGENCY CARD

1. Name of Student Sirkan Sirkan Date 9-24-58
   Address 1647 N. Lake Ave. Tel. No. Sy 8-2136
2. Name of Local Medical Adviser _____
   Office Address _____ Tel. No. _____
3. Name of Local Christian Science Practitioner _____
   Office Address _____ Tel. No. _____
4. In case of accident, if you have no medical adviser or if he cannot be reached and you are absent from home, please check below if you wish to have your child taken to the Emergency Hospital for treatment. (The Emergency Hospital never attempts to give treatment until after the parents have been contacted or their consent given. The hospital will place the child in communication with the family physician, if necessary.) If you do not wish the child taken to the Emergency Hospital, indicate with whom the school should communicate for instructions.
   (1) Emergency Hospital (Check one) Yes ✓ No ~~✓~~
   (2) Close Relative
   Name _____ Address _____ Tel. _____
   (3) Neighbor
   Name _____ Address _____ Tel. _____

Signature of Parent or Guardian Mary Sirkan
Home Address 1647 N. Lake. Tel. Sy 8-2136
Business Address 1757 N. Lake Ave. Tel. Sy 4-1141

If you have no telephone number, you may give the telephone number of a neighbor where you may be reached _____

EMERGENCY CARD INSTRUCTIONS

Child Welfare Department

56-156-1232

To Parents:

Your cooperation is requested in order to give us the information that is necessary to the welfare of your boy or girl.

In the event of your child becoming ill or injured while attending school, it is important that the information called for on the reverse side of this card be sent to the schools. The necessity for having this information is apparent when you consider that if your boy or girl should become ill or injured, the school may be unable to communicate with you because you have no telephone or you are absent from home.

Your answers to these questions on file at the school may save time and perhaps needless suffering for your child. Please return this card to the principal of the school promptly.

Sincerely yours,

A. M. TURRELL,

Director, Child Welfare

Pasadena City Schools
Pasadena, California
175-275 WSN 10685 Rev. 6-56

FD-340 (REV. 6-24-65)

File No. 56-156 ~/a33

Date Received 6/6/68

From John T. Harris
(NAME OF CONTRIBUTOR)
351 S. Hudson
(ADDRESS OF CONTRIBUTOR)
Pasadena, California
(CITY AND STATE)

By RICHARD H. ROSS
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☒ Yes ☐ No

Description:

Pasadena City Schools, Health Department form, for SIRHAN SIRHAN.

R. U.

Fraley

PASADENA CITY SCHOOLS
Pasadena, California
HEALTH DEPARTMENT

To the Parents of Our Pupils:

We should appreciate it very much if you would answer the questions asked below in the space provided for such answers and return this blank PROMPTLY to the school.

We are required to keep health records of our pupils and will appreciate your cooperation.

.....School.....Principal

Name of Child Sirhan Sirhan Date of Birth 3-19 1944 Grade 6th

Father's Name Bishara Sirhan Present Health good Occupation gardener

Mother's Name Mary Sirhan Present Health good Occupation (Outside of Home)

Number of Children in Family 4 in U.S.A

Name and address of your family physician Dr. John Jackson

Has your child had any of the following diseases or conditions? (Please give year)

Allergies (Specify)	Hay fever	Pleurisy
	Hearing difficulty	Poliomyelitis
Asthma	Heart condition	Pneumonia
Bronchitis	Hernia (rupture)	Rheumatic fever
Chickenpox	Influenza	Scarlet fever
Chorea (St. Vitus Dance)	Kidney infection	Sinus infection
Colds frequently	Leg pains	Speech defect
Diphtheria	Measles German	Stuttering
Earache	Measles Red	Thumb sucking
Ear drainage (running)	Mumps	Tonsillitis
Epilepsy (fits)	Nail biting	Tuberculosis contact
Enuresis (bed wetting)		Whooping Cough

What other illness or accident has your child been treated for and when?

Has your child had any surgical operations? If so, when and for what reason?

Is your child now under treatment for **any** physical defects? no If so, please specify

Is your child nervous? no

Does your child sleep well? yes What times does your child go to bed? 7 o'clock usually

Does your child tire easily? no

Does your child eat a good breakfast? yes Lunch? yes Dinner? yes

Do you have your child's teeth examined and cared for by a dentist at regular intervals? Yes If so, how often?

Has your child been successfully vaccinated against smallpox? Yes When? Dec 1956

Has your child been immunized against diphtheria? When?

Has your child been immunized against whooping cough? When?

Has your child been immunized against tetanus? When?

Has your child had a skin test for tuberculosis? When? Results?

Has your child had an X-ray for tuberculosis? no When? Results?

Date

X Mrs. Hafner Sirhan (former) Parent's Signature

34-49 7-54

56-156-1433

FD-340 (REV. 6-24-65)

File No. 56-156 -1a 34

Date Received 6/6/68

From John T. Harris
(NAME OF CONTRIBUTOR)
351 S. Hudson
(ADDRESS OF CONTRIBUTOR)
Pasadena, California
(CITY AND STATE)

By RICHARD H. ROSS
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☒ Yes ☐ No

Description:

Polio Immunization Statement
dated 1/7/63, for SIRHAN B. SIRHAN.

13

NAME: Sirhan, Last | Sirhan, First | B. Middle ADDRESS: 696 Number | E. Howard Street | Pasa. City

POLIO IMMUNIZATION STATEMENT

TO PARENT OR GUARDIAN

PLEASE CHECK ONE OF THE FOLLOWING THREE BOXES AND SIGN NAME BELOW:

☐ A. I certify that the student named above has received three poliomyelitis immunizations on approximate dates as shown below:

Dates: 1st_____ 2nd_____ 3rd_____

☒ X B. I certify the student named above has had one or two poliomyelitis immunizations, and I understand that the student must have a series of three immunizations completed and a record of such submitted to the school within one year or be subject to exclusion. (If one of the immunizations was administered after January 1, 1962, show the record received from the doctor or administering agency to the school.)

Type T

Dates: 1st 28 Oct. 1962 2nd_____

☐ C. I do not wish to have the student named above (son, daughter, or ward) immunized against poliomyelitis as such immunization is contrary to my beliefs. (This statement is submitted in accordance with Section 3384, Chapter 7, Health and Safety Code, State of California.)

SCHOOL John Muir High School

SIGNATURE: Mary Sirhan
By Parent or Guardian

DATE: 7 Jan. 1963

(The above information is required by California law.)

175-501 WSN 10919 12-61

Pasadena City Schools
Pasadena, California

56-156-1234

Sirhan Sirhan
NAME

DATE OF BIRTH AGE

SABIN ORAL TYPE I
TYPE OF IMMUNIZATION

OCTOBER 21 — 28, 1962
DATE ADMINISTERED

DIST. # 2 CLINIC # 2
CLINIC LOCATION

LOS ANGELES COUNTY MEDICAL ASSOCIATION

FD-340 (REV. 6-24-65)

File No. 56-156 - 1a 35

Date Received 6/6/68

From John T. Harris
(NAME OF CONTRIBUTOR)

351 S. Hudson
(ADDRESS OF CONTRIBUTOR)

Pasadena, California
(CITY AND STATE)

By RICHARD H. ROSS
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☒ Yes ☐ No

Description:

School Record, Pasadena City Schools Elementary Registration form, Henry W. Longfellow School for SIRHAN SIRHAN dated 1/21/57.

PASADENA CITY SCHOOLS

Pasadena, California

ELEMENTARY REGISTRATION BLANK

HENRY W. LONGFELLOW School Date Jan 21 1957

TO PARENT OR GUARDIAN:

Will you please fill in the confidential information requested below. This information will help the school to provide for the best growth and welfare of your child.

Pupil's name Sirhan (Last) Sirhan (First) — (Middle) Boy yes Girl ____

Address 1321 N. Manton Telephone ____

School last attended Lutheran Church Grade 6th Date of Leaving Dec 14 City Jerusalem State Jordan

Has Pupil attended a Pasadena Public School or Child Care Center (Nursery School) before? Yes ____ No ✓

If so, give name of last Pasadena Public School attended ____

Age 12 Date of birth: Month 3 Day 19 Year 1944 Place of birth Jerusalem (City) Jordan (State)

Verification of birth: Passport (Initial)

NAMES OF PARENTS OR GUARDIANS (Enter in spaces below)	Race or Nationality	HOME ADDRESS	Living Away From Home	Divorced	Step	Not Living	OCCUPATION OR PRESENT WORK
Father's Name SIRHAN (Last) BISHARA (First) SALAME (Middle)	Arabian						gardener
Mother's Name SIRHAN (Last) MARY (First) — (Middle)							
Guardian's Name SPONSOR (Last) LILENAS (First) HALDOR (Middle)	Nazarene		TELEPHONE Sy 8 5385				

Father's business address ____ Telephone ____

Mother's business address ____ Telephone ____

Number of people living in home—Please specify:

Older brothers	Enter ages 1	19	(2 sons	23 + 24 in	Jerusalem)
Younger brothers	Enter ages ____				
Older sisters	Enter ages 1	20			
Younger sisters	Enter ages ____				

Grandfathers ____ Grandmothers ____ Others ____

Does your child have a regular allowance? ~~Yes~~ No Amount Weekly ____ Amount Monthly ____

Parent or guardian's signature SPONSOR Mrs. Haldor Lilenas

Teacher ____ Room No. ____ Grade ____

175-277 WSN 10888 5-55

56-156 T/R35

FD-340 (REV. 6-24-65)

File No. 56-156 - 12 36

Date Received 6/6/68

From John T. Harris
(NAME OF CONTRIBUTOR)

351 S. Hudson
(ADDRESS OF CONTRIBUTOR)

Pasadena, California
(CITY AND STATE)

By RICHARD H. ROSS
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

Copy of Pupil Personnel Record, Pasadena City Elementary School, for SIRHAN SIRHAN.

PUPIL PERSONNEL RECORD
PASADENA CITY ELEMENTARY SCHOOL
PASADENA, CALIFORNIA

IN GRADING, USE THE SYMBOLS THAT APPLY TO GRADE	KGN	GR. 1	GR. 2	GR. 3	GR. 4	GR. 5	GR. 6
CITIZENSHIP							
SOCIAL RESPONSIBILITIES							B
WORK AND STUDY HABITS							B
HEALTH							B
SAFETY PRACTICES							A
SKILLS AND KNOWLEDGE							
READING							C
ARITHMETIC							C
WRITTEN ENGLISH							C
ORAL ENGLISH							C
SPELLING							B
SOCIAL STUDIES							C
HANDWRITING							C
ART							B
MUSIC							C
SCIENCE							C
PHYSICAL EDUCATION							D
ATTENDANCE							
DAYS PRESENT							89
DAYS ABSENT							1
TIMES TARDY							-

DATE	SCHOOL ACHIEVEMENT
1-57	Having only been in this country a short time he does have a language handicap. He tries hard and is showing improvement in all areas. I.T.
6-57	Improvement has been noted in all areas. I.T.

DATE	SIGNIFICANT BEHAVIOR
1-57	Friendly, cooperative and well liked by all. Very well mannered. I.T.
6-57	He has adjusted very nicely to his new environment making many new friends. I.T.

DATE	ABILITIES AND INTERESTS

GRADE	UNITS, SUBJECTS & ACTIVITIES
6	Communications I.T.
6	South America I.T.

DATE	PARENT EDUCATION	NURSERY SCHOOL	CHILD CARE

56-156-1a36

NAME SIRHAN (LAST) SIRHAN (FIRST) -- (MIDDLE)

First & last names are the same

PASADENA ELEMENTARY SCHOOL DISTRICT PUPIL PERSONNEL RECORD PASADENA, CALIFORNIA

FORM 178-242 6-56 REV. WSN 10634

NAME [redacted] SIRHAN (LAST) SIRHAN (FIRST) -- (MIDDLE)

3 - 19-44 (DATE OF BIRTH) | Passport (VERIFICATION) | First & last names are the same. Jerusalem, Jordan (PLACE OF BIRTH)

HOME INFORMATION

GRADE	DATE	FATHER, STEP-FATHER OR GUARDIAN	RACE	LIVING AWAY FROM HOME	DIVORCED	STEP-	NOT LIVING	PRESENT WORK	MOTHER STEP-MOTHER OR GUARDIAN	RACE	LIVING AWAY FROM HOME	DIVORCED	STEP-	NOT LIVING	PRESENT WORK
6	1-57	Bishara Salameh Sirhan	Arabian					Gardner	Mary Sirhan						

		NUMBER OF PEOPLE LIVING IN HOME					DATE	REMARKS CONCERNING THE HOME
		BROTHERS OLDER + YOUNGER −	SISTERS OLDER + YOUNGER −	GRAND-FATHERS	GRAND-MOTHERS	OTHERS		
6	1-57	+ 1 − 1	+ 1				1-57	Sponsor in this country: Heldor Lillenas, 1945 E. Mountain

SCHOLASTIC CAPACITY TESTS

DATE	GRADE	TEST	SCORE	C. A.	M. A.	I. Q.

EDUCATIONAL AND OTHER TESTS

DATE	GRADE	TEST	READ. G.P.	ARITH. G.P.	LANG. G.P.	SCORE	G. P.	EXP. G.P.

DATE	ADDRESS	TELEPHONE
1-57	1321 N. Mentor	

CLINIC OR OTHER SPECIAL STUDIES

HEALTH AND PHYSICAL CONDITION

DATE	IMPAIRED VISION OR HEARING, SERIOUS ILLNESSES, HANDICAPS, PHYSICAL EDUCATION ASSIGNMENT OTHER THAN REGULAR
1-57	General health good.
1-57	Good

REGISTRATION AND TRANSFER DATA

SCHOOL	DATE ENTERED	E1, E2 E3A, E3B R	GRADE	TEACHER	DATE LEFT	TRANSFERRED TO
Lutheran School - Jerusalem						
Longfellow	1-21-57	E1	6 7	Fraley	6-57	Moved out of

FD-340 (REV. 6-24-65)

File No. 56-156-1a37

Date Received 6/6/68

From John Harris
(NAME OF CONTRIBUTOR)

351 S. Hudson
(ADDRESS OF CONTRIBUTOR)

Pasadena, Cal.
(CITY AND STATE)

By David R. Bender
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

Xerox copy of Munir Dikhan Elementary School Record

N/

HENRY W. LONGFELLOW

PASADENA CITY SCHOOLS

Pasadena, California

ELEMENTARY REGISTRATION BLANK

School Date Jan 21 1957

TO PARENT OR GUARDIAN:

Will you please fill in the confidential information requested below. This information will help the school to provide for the best growth and welfare of your child.

Pupil's name [illegible] (Last), Munir (First), — (Middle) Boy ✓ Girl

Address 1321 N. Mentor Telephone

School last attended Lutheran Church School Grade 3-4th Date of Leaving Dec 14 City Jerusalem State Jordan

Has Pupil attended a Pasadena Public School or Child Care Center (Nursery School) before? Yes No ✓

If so, give name of last Pasadena Public School attended

Age 9 Date of birth: Month July Day 15 Year 1947 Place of birth Jerusalem (City) Jordan (State)

Verification of birth: Baptist Initial

NAMES OF PARENTS OR GUARDIANS (Enter in spaces below)	Race or Nationality	HOME ADDRESS	Living Away From Home	Divorced	Step	Not Living	OCCUPATION OR PRESENT WORK
Father's Name SIRHAN Bishara SALAMEH (Last First Middle)	Arabian						gardener
Mother's Name Burhan Mary (Last First Middle)							
~~Guardian's Name~~ Lillian Haldor (Last First ~~Middle~~)			TELEPHONE				

Father's business address Telephone

Mother's business address Telephone

Number of people living in home—Please specify:

Older brothers	Enter ages 1	19	2 Sons 22 – 24 in Jerusa
Younger brothers	Enter ages		
Older sisters	Enter ages 1	20	
Younger sisters	Enter ages		

Grandfathers Grandmothers Others

Does your child have a regular allowance? none Amount Weekly Amount Monthly

Parent or guardian's signature Mrs. Haldor Lillian

Teacher Room No. Grade

175-277 WSN 10888 5-55

56-156-1237

4

PUPIL PERSONNEL REC

PASADENA CITY ELEMENTARY
PASADENA, CALIFORNI

ELEMENTARY SCHOOL PERSONNEL RECORD
PASADENA, CALIFORNIA

IN GRADING, USE THE SYMBOLS THAT APPLY TO GRADE	KGN	GR. 1	GR. 2	GR. 3	GR. 4	GR. 5	GR. 6	DATE	SCHOOL
CITIZENSHIP								6/57	Good achievemen
									Art poor. Has le
SOCIAL RESPONSIBILITIES				C	C	C	C	11-58	Some progress
WORK AND STUDY HABITS				C	C	C-	C	5-58	Reading improv
HEALTH				C	C	C-	C		comprehension
SAFETY PRACTICES				C	C				+ arithmetic a
									Suggest repeat
SKILLS AND KNOWLEDGE								1-59	Language ab
									teen interes
READING				C	C	C+	C		thing. Const
ARITHMETIC				C	F	B-	C		Meaning o
WRITTEN ENGLISH				C	C	D+	C		teacher just a
ORAL ENGLISH				C	C	C	C+	6-59	Slow but st
SPELLING				C	C	D+	C		ment. Have
SOCIAL STUDIES				C	C	C-	C		him on fi
HANDWRITING				D	C	D	C		but he fail
ART				C	C	C-	C		He desired
MUSIC				C	C	C	B		grade in
SCIENCE				C	C	C	C		marked i
PHYSICAL EDUCATION				C	C	C-	C		summer
									recommen
ATTENDANCE								6-60	[illegible]
DAYS PRESENT				93 20	171	171	172	5-61	Is doing a
DAYS ABSENT				1-80	7	6	[illegible]		Works [illegible]
TIMES TARDY					5	1	2		Cancelled

DATE	ABILITIES AND INTERESTS	GRADE	UNITS, SUBJECTS & ACTIVITIES
6-57	clay	3	Farm C S.
1-58	clay - C.R.	3	Indians C S.

FD-340 (REV. 6-24-65)

File No. 56-156-1238

Date Received 6/6/68

From Dr. Lewis
(NAME OF CONTRIBUTOR)
Pasadena City College
(ADDRESS OF CONTRIBUTOR)
Pasadena Cal.
(CITY AND STATE)

By David R. Bender
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

Xerox copy of Sirhan Sirhan's application for admission

C

PASADENA CITY COLLEGE

PASADENA, CALIFORNIA

APPLICATION FOR ADMISSION

OFFICE USE ONLY

Rec'd by

Date

Cleared for App't by

Date 6/17/63

TO THE APPLICANT: *Please fill out in ink and return intact. All blanks must be filled out. False or deliberately withheld information will subject your enrollment to cancellation.*

Date of application 19 May 63 Beginning date of semester for which you plan to enroll 21 Sept. 63

Mr. / Miss / Mrs. (Please print) — Last Name: Sirhan | First Name: Sirhan | Middle Name: Bishara

Present address: 696 E. Howard St. (Number and Street) | Pasadena (City) | 6 (Zone)

Los Angeles (County) | California (State) | Sy 8-2136 (Telephone)

Permanent address: Same as above (Number and Street) | (City) | (Zone)

(County) | (State) | (Telephone)

Date of birth: 3 (Month) 19 (Day) 44 (Year) Place of birth: Jerusalem (City) Jordan (State)

Marital status: ☒ Single ☐ Married (Maiden name) ☐ Widowed ☐ Divorced ☐ Separated

Citizen of U.S.A.? ☐ Yes ☒ No If no, citizen of what country? Jordan Visa type? ☐ "F" (Student) ☒ Immigrant ☐ Visitor ☐ Refugee

Veteran? ☐ Yes ☒ No If yes, are you planning to attend on a Veterans Bill? ☐ Yes ☐ No

THIS SECTION MAY BE OMITTED BY STUDENTS OVER 21 YEARS OF AGE AND STUDENTS UNDER 21 WHO ARE MARRIED OR HAVE BEEN MARRIED

Is father living? ☒ Yes ☐ No His name Bishara Sirhan Occupation Mechanic

His home address: Jordan (Number and Street) | (City) | (Zone)

(County) | (State) | (Telephone)

Is mother living? ☐ Yes ☒ No Her name Mary Sirhan Occupation Nursery School Teacher

Her home address: 696 E. Howard St. (Number and Street) | Pasadena (City) | 6 (Zone)

Los Angeles (County) | California (State) | Sy 8-2136 (Telephone)

Name of legal guardian, if other than parent None Occupation

His or her home address: (Number and Street) | (City) | (Zone)

(County) | (State) | (Telephone)

LIST ALL HIGH SCHOOLS ATTENDED, BEGINNING WITH NINTH GRADE:

DATES ATTENDED

1. John Muir High School (Exact Name of High School) | Pasadena (City) | California (State) From 9 (Month) 60 (Year) To 6 (Month) 63 (Year)
2. (Exact Name of High School) | (City) | (State) From (Month) (Year) To (Month) (Year)
3. (Exact Name of High School) | (City) | (State) From (Month) (Year) To (Month) (Year)

Are you a high school graduate or will you graduate prior to the period for which you wish to enroll? ☑ Yes ☐ No

If yes, name of school Muir Date of Graduation 6/13/63

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (Include previous attendance at PCC if in credit classes):

1. (Name of College or University) | (City) | (State) From (Month) (Year) To (Month) (Year)
2. (Name of College or University) | (City) | (State) From (Month) (Year) To (Month) (Year)

PASADENA CITY COLLEGE
Office Use Only
JUN 17 1963

Are you a graduate of a college or university? ☐ Yes ☐ No If yes, highest degree earned

Have you ever been disqualified or refused readmission to a college or university? ☐ Yes ☐ No If yes, date:

Reason for disqualification: ☐ Scholastic ☐ Citizenship ☐ Other:

OFFICIAL TRANSCRIPT

For what vocation are you preparing?

Major at Pasadena City College Political Science

Do you expect to be a candidate for the Associate in Arts Degree at PCC? ☐ Yes ☐ No

Name of senior college or university you plan to attend, if any:

DAY STUDENTS ONLY:

Do you have a health problem which may limit your educational program or prevent enrollment in physical education? ☐ Yes ☒ No

Are you employed? ☐ Yes ☒ No

If yes, how many hours a week do you work?

PLEASE CHECK YOUR ADMISSION CATEGORY:

- ☒ A. I wish to take courses leading to a degree and/or transfer to another college or university. I will therefore provide transcripts of all previous work for admission clearance.
- ☐ B. I do not wish to work for a degree. I wish to be cleared for admission without providing transcripts of previous work; to take only courses which have no prerequisites or for which prerequisites have been met at Pasadena City College.
- ☐ C. I hold a bachelor's degree (or higher) or have equivalent special training. I wish to be cleared for regular college transfer courses without providing transcripts of previous work. I realize that clearance with the Dean is necessary.
- ☐ F. I wish to be admitted on an "F" (Student) visa as a non-quota immigrant for study in the United States. I will forward the required forms for evaluation.
- ☐ H. High school honor student in advanced placement. Principal's recommendation required.
- ☐ S. I am currently enrolled in an accredited college or university and wish to enroll at Pasadena City College for summer session only. I certify that I have met the prerequisites for courses for which I wish to enroll.

I certify that the statements on this application are correct.

APPLICANT'S SIGNATURE

Form 800-341 12-61

56-1561-1a38

FD-340 (REV. 6-24-65)

File No. 56-156-1a39

Date Received 6-7-88

From James Buzzelli

(NAME OF CONTRIBUTOR)

FNS LA

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By James R. Mills

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☐ No

Description: Copy of Death Certificate of Aide Mennell

ORIGINAL

DEPARTMENT OF HEALTH
CITY OF PASADENA, CALIF.
DIVISION OF VITAL STATISTICS

No 12694

CERTIFIED COPY OF LOCAL RECORD

THIS IS TO CERTIFY, That the attached is a true and correct copy of statements appearing on DEATH Certificate No. 424, Year 1965

of Aida Sirhan Mennell

as filed in the records of this office, and of which I am the legal custodian.

IN TESTIMONY WHEREOF, Witness my hand and the Seal of the City of Pasadena, at Pasadena, California, June 7th, A.D., 1968

Furnished for FREE FOR GOVT. USE Fee of $2.00

E. Reid Breeden MD

U.S. Immigration
Los Angeles, California

Registrar Vital Statistics

By Dorothy W. Morgan
Deputy Registrar Vital Statistics

VSM 15m 5-10-67 N7

56-156-1239

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7069 - 424

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST	2a. DATE OF DEATH—MONTH. DAY. YEAR	2b. HOUR
Aida	Sirhan	Mennell	March 20 1965	6:05 AM

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Female	White	Jordan	March 7 1936	29 YEARS	MONTHS DAYS	HOURS MINUTES

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
Bishara Sirhan- Jordan	Mary Misher- Jordan	Jordan	[redacted]

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)	15. KIND OF INDUSTRY OR BUSINESS
Housewife	3 years		Own Home

16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE.	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
No	Married	Herbert Mennell, Sr.	Candy Store

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
Huntington Memorial Hospital	100 Congress Street ☒ INSIDE CITY CORPORATE LIMITS ☐ OUTSIDE CITY CORPORATE LIMITS	Pasadena	Los Angeles	4 months YEARS	9 years YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	20b. IF INSIDE CITY CORPORATE LIMITS ☐ CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE ☐ ON A FARM ☒ NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
232 N. Palm Canyon Drive			(Husband) Herbert Mennell Sr.

20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT)
Palm Springs	Riverside	California	Same

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEDENT FROM ~~March 20 1965~~ ~~OCT 15 1965~~ ~~3-19-1965~~ TO ——— AND THAT I LAST SAW THE DECEASED ALIVE ON ———

22c. PHYSICIAN OR CORONER—SIGNATURE ▷ A. Thomas Petro, M.D. DEGREE OR TITLE

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN ——— (INVESTIGATION / AUTOPSY / INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

22d. ADDRESS: Pasadena, California

22e. DATE SIGNED: March 22 1965

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	Mar. 23 1965	Forest Lawn Cemetery	Wm. T. Stahlmann 311

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	29. LOCAL REGISTRAR—SIGNATURE
Lamb Funeral Home Pasadena, California	MAR 22 1965	K.H.SUTHERLAND, M.D.- D.M.

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): Acute Plastic Crisis (Anemia) — 1 month

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B): Secondary to Chronic Myelocytic Leukemia

DUE TO (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

Anemia; Leukopenia; Peri-rectal Abscess

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE: ☐ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION

33. AUTOPSY—CHECK ONE: ☒ NO AUTOPSY PERFORMED ☐ AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE

34b. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30)

35a. TIME OF INJURY — HOUR — MONTH — DAY — YEAR — M.

35b. INJURY OCCURRED ☐ WHILE AT WORK ☐ NOT WHILE AT WORK

35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)

35d. CITY, TOWN, OR LOCATION — COUNTY — STATE

Rev 1-1-58 Form VS-11

FD-340 (REV. 6-24-65)

File No. 56-156 - 1240

Date Received 6/6/68

From John Harris
(NAME OF CONTRIBUTOR)
351 S. Hudson
(ADDRESS OF CONTRIBUTOR)
Pasadena, Cal.
(CITY AND STATE)

By David R. Pender
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☐ No

Receipt given ☐ Yes ☐ No

Description:

Xerox copy of Muir Dinhan's Heath Record

CAPITOL 5-3131
EXTENSION 687
1228

8

Longfellow

County of Los Angeles

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM

ROOM 7128
1200 N. STATE STREET
LOS ANGELES 33, CALIFORNIA

SURNAME	FIRST	MIDDLE	PHONE
Sirhan	Munir		SY. 8-5385

ADDRESS	CITY	SEX	RACE	BIRTHDATE	BIRTHPLACE
1321 No. Mentor	Pasadena	M	Wh.	Mo-Day-Yr 7-19-47	Jeruselem

NAME OF FATHER: Bishara Salameh Sirhan — ADDRESS: same

MOTHER'S FIRST AND MAIDEN NAME: Mary — PRESENT LAST NAME: — ADDRESS: same

MEDICAL HISTORY

Present Illness (describe nature of physical handicap briefly: *include date of onset, dates and types of treatment and where care was received*):

1/57 Snellen 20/100 O. D.
20/100-O.S.

Previous Illness *(include dates)*:

Comments:

EXAMINATION

DATE	PLACE OF EXAMINATION	EXAMINING SPECIALIST
2/26/57	351 So. Hudson, Pasadena	Harry F. Brown, M. D.

Physical Examination *(positive findings only)*

Diagnosis

High Myopia

Recommendations and comment *(Please include recommendations for special education where indicated)*

56-156-1a 40'

Report completed by: B. Cartwright

Prepare in triplicate: 1.For treating physician or agency: 2.For physically Handicapped Children's Program: 3.For your files.

HC8 REV. 5/54

P-A ~~Mrs J. Albanes (spouse) Sy 85385~~

6/

HEALTH RECORD

PASADENA CITY SCHOOLS
Pasadena, California

Name SIRHAN, MUNIR

Date of Birth 7-15-47

Address ~~1321 N. Mentor~~ ~~1647 N. Lake~~ 696 E. Howard

Telephone ~~Sy 8-9298~~ 8-2136

School		[illegible]										Eliot	Eliot	Wash	D.H.	CHS			
Teacher		Stanly		Rule		Knott		Jones		Tall[illegible]		61-62	62-63	1963-64					
Grade		3		4	Op.	4		5		6		7	8	9					
Date		56	57	57	58	58	59	59	60	60	61	9/61	9/62	9/63	'64				
Height				40½	49	50		52		54		56½	60¼	62					
Weight				51	55	100		66		77		84	96	105					
EYES	Snellen R	20/100	20/	20/100	20/	20/	20/	20/	20/	20/100	20/	20/	20/	20/	20/	20/	20/	20/	20/
	Snellen L	20/100	20/	20/30	20/	20/	20/	20/	20/	20/25	20/	20/	20/	20/	20/	20/	20/	20/	20/
	Signs of eyestrain																		
	With glasses R		new glasses					wears glasses											
	With glasses L																		
	Telebinocular																		
EARS	Audiometer R		20				20			25-61 all	20		20						
	Audiometer L		20 WM				20 W			2-	20		20						
TEETH	Mouth Hygiene																		
	Condition of gums																		
	Cavities in permanent teeth																		
	Cavities in temporary teeth																		
	Orthodontic examination																		
	Comments																		
TBC	Exposed to TBC																		
	Skin test	4	8-57 Pos										[illegible]						
	X-ray	4-29	neg										Neg 4/63						
IMMUNIZATION	Smallpox								Imm										
	Diphtheria																		
	Whooping Cough																		
	Tetanus																		
	Poliomyelitis 7/60 - 8/60 - 6/63																		

Father Bishara Health Mother Mary Health

Family Physician Harry Brown Sy 6-2666

Allergies
Asthma
Hay fever
Bronchitis
Chickenpox
Chorea
Frequent colds
Diphtheria
Earaches
Ear Drainage (running)

Hearing difficulty
Heart condition
Leg pains
Measles—German
Red
Mumps
Nail Biting
Pleurisy
Polio
Pneumonia
Rheumatic fever

Scarlet fever
Sinus infection
Speech defect
Thumb sucking
Tonsillitis
Whooping cough
Operations and accidents

Nervous
Sleep well
Eat well

6

PROGRESS RECORD

COMMENTS — DOCTOR — NURSE — TEACHER

Date		Date	
1-31-57	Ref. by teacher for vision test. R.V.		
	Ref. for vision clinic R.V.		
2-57	General health good. Fox		
3-57	New glasses under care Dr. Brown. R.V.		
5-57	T. N. CONF. HEALTH Good. R.V.		
4-58	Check with Dr. Brown - To wear glasses		
	for distance. - Eyes corrected as much		
	as possible at this time. R.V.		
5-58	Glasses broken - ref. back to Dr. Brown. RV		
	Conf. c̄ sister - having diff. raising a living		
	mother. R.V.		
6-58	T. N. CONF. HEALTH Good. RV.		
6-59	" " " V. good. - eats many		
	sweets. RV		
6-60	T. N. CONF. HEALTH Good. RV.		
2/28/61	Teeth need cleaning and I see 1 small		
	cavity - Otherwise OK - Reg. P.E. [illegible]		
	T. N. CONF. HEALTH Good. RV		

NAME	LAST	FIRST	MIDDLE
	SIRHAN,	MUNIR	

7-15-47	Passport	Jerusalem, Jordan
DATE OF BIRTH	VERIFICATION	PLACE OF BIRTH

HOME INFORMATION

GRADE	DATE	FATHER, STEP-FATHER OR GUARDIAN	RACE	LIVING AWAY FROM HOME	DIVORCED	STEP-	NOT LIVING	PRESENT WORK	MOTHER STEP-MOTHER OR GUARDIAN	RACE	LIVING AWAY FROM HOME	DIVORCED	STEP-	NOT LIVING	PRESENT WORK
3	1-57	Bishara Salameh Sirhan		X				Jerusalem Gardner	Mary Sirhan						Worker Presbyterian Nursery School

GRADE	DATE	NUMBER OF PEOPLE LIVING IN HOME: BROTHERS OLDER + YOUNGER −	SISTERS OLDER + YOUNGER −	GRAND-FATHERS	GRAND-MOTHERS	OTHERS
3	1-57	+ 2	+ 1			

DATE	REMARKS CONCERNING THE HOME
1-57	Sponsor in this country: Haldor Lillenas, 1945 E. Mountain
5-58	Father came back to Jerusalem - married Spedas little Eng. & other matters rough. E.R.

SCHOLASTIC CAPACITY TESTS

DATE	GRADE	TEST	SCORE	C. A.	M. A.	I. Q.
4-58	4	California Mental Maturity		10-9		90
		Language factors	32		9-11	92
		Non- " "	68		9-6	188
5-15-59	4	California Mental Maturity				87
		Language Factors	44	11-9	11-2	95
		Non- " "	77		9-2	78
2/61	6	Pintner	71	13-7	11-5	85

DATE	
1-57	13
10-60	16
5/58	Co
	- S

SCHO

Luther
Longfe

FD-340 (REV. 6-24-65)

File No. 56-156-1aH1

Date Received 6/6/68

From John Harris
(NAME OF CONTRIBUTOR)
351 S. Hudson
(ADDRESS OF CONTRIBUTOR)
Pasadena, Cal.
(CITY AND STATE)

By David R. Render
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

Xerox copy of Muir Secondary School Dirhan's Record

56+156

PASADENA CITY SCHOOLS — SECONDARY CUMULATIVE REC

Student Code

STUDENT'S NAME — LAST: SIRHAN — FIRST: MUNIR — MIDDLE: B.

DATE OF BIRTH — MO. DAY YEAR: 7/15/47 — HOW VERIFIED: — PLACE

SCHOOL: — CITY: Jerusalem — STATE:

ENTERED FROM: Longfellow Elem.

JUNIOR HIGH SCHOOL

SIRHAN MB ELIOT

SUBJECT	UNITS	GR	G.P.	CIT.
PHYS ED	1 0	D	1 0	F
8 ENGLISH	1 0	C	2 0	C
8 SOC STUD	1 0	C	2 0	C
8 GENL SCI	1 0	D	1 0	C
8 ARITHMETIC	1 0	D	1 0	B
GLEE CLUB	1 0	A	4 0	A

CODE 792500 | 9 62 — 6 63 | 60 UNITS | 110 G.P.

RHAN MB ELIOT

SUBJECT	UNITS	GR	G.P.	CIT.
YSCL ED	1 0	C	2 0	C
ENGLISH	1 0	C	2 0	B
SOC STUD	1 0	C	2 0	B
ARITHMETIC	1 0	C	2 0	C
GENL MUSIC	0 5	C	1 5	B
ART	0 5	B	1 5	B
GENL SHOPS	1 0	B	2 0	
WOODS		C		C
METALS		C		C
DRAFTG		C		C
GRAPH ARTS		B		C

CODE 792500 | 9 61 — 6 62 | 60 UNITS | 115 G.P.

J. H. S. GRADUATION DATA

DATE	GRADUATED FROM: SCHOOL

DATE: 9 6

KEY TO GRADES

A - EXCELLENT
B - GOOD
C - AVERAGE
D - BARELY PASSING
E - INCOMPLETE
F - FAILURE

DATE: 9 6

SENIOR HIGH SCHOOL

9 64 — 1 65	Cont HS	U	GR	G.P.	CIT

no grades earned

DATE

6 64 — 6 64	10	Cont. HS	U	GR	G.P.	CIT
nglish IIA			5	C	10	A
oodworking A			5	B	15	B
oodworking B			5	B	15	B
athematics A			5	B	15	A

INFORMATION CONCERN

ID	NAME	SEP.	DECEASED	696 E
61	FATHER Sirhan, Bishara			1647
61	MOTHER Sirhan, Mary			same
	STEPFATHER			
	STEPMOTHER			
	GUARDIAN			

DATE		DATE
	ETHNIC ORIGIN -M-N-O-W	
61	SIBLINGS - (OLDER) 5	
	SIBLINGS - (YOUNGER)	

TRANSFER REC

DATE ENTERED	SCHOOL	DATE LEFT	TRANSFE
61	Eliot from Longfellow Elem.	12-10-63	Washington Jr
10-16-63	Wash.JHS.fr. Eliot JHS.	4-27-64	Continuation
10-30-64	Continuation High School	2/1/65	Did not enter

HEALTH RECORD (P.E. ASSIGNMENT

DATE		DATE

DATE	ATTENDANCE RECORD	SATISFACTORY	UNSATISFACTORY	DATE

TEST DAT

SCHOLASTIC CAPACI

CODE	DATE	DESCRIPTION
	2 61	Pint. Genl. Abil. Int. A
	10 62	CTMM Lang. 90 Non-Lang. 85

FD-340 (REV. 6-24-65)

File No. 56-156-1a42

Date Received 6/6/68

From Dr. Lewis
(NAME OF CONTRIBUTOR)
Pasadena City College
(ADDRESS OF CONTRIBUTOR)
Pasadena, Cal.
(CITY AND STATE)

By David R. Pender
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

Xerox copy of Dismissal Recommendation on Sirhan Sirhan

CITY COLLEGE

...ONNEL SERVICES
...ard, Pasadena, California 91106

DISMISSAL

...e Date: May 18, 1965

...s): Unsatisfactory attendance and scholarship

...ge with the effective date
...'' will be recorded for
...this dismissal.

...student identification
...y financial obligations
...ibility to clear those

...eligible for readmission
...n which the dismissal was
...ester. If you have al-
...e canceled.

...l consideration of the
...ed period has elapsed,
...depend on your previous
...serious intent to

...line
Assistant Dean

696 E. Howard, Pasa.

DISMISSAL RECOMMENDATION

Pasadena City College
Office of Admissions and Records
Pasadena, California

Date May 12, 1965

STUDENT Sirhan, (Last Name) Sirhan (First) B (Middle Initial) Code Number 8018000

COURSE P.E (Department) 16 (Course Number) 9 W-F (Hours and Days Scheduled) COUNSELOR 70

A deficiency notice was submitted on FEB. 26 (Date) I recommend that this student be dismissed from class.

Dates of absences FEB 19, 24, 26 MAR. 10, 19, 24, 26, 31, APRIL 1, 7, 9, 21, 23 MAY 5

TOTAL HOURS of unauthorized and unexcused absence: 15 HOURS

TOTAL HOURS of other absence (authorized or excused for illness): 15 HOURS

Other basis for dismissal ________

Teacher's Signature Theodore M. Banks

Track coach at San Jose State now.

Counselor's Recommendation

[X] Dismiss from class 3-4-65

[ ] Other Mailed card home, requesting Sirhan to see me regarding prob. — No response.

prob. p.6

Counselor's Signature [signature] Date 5-17

(Conf. with Dr. Lewis 5-17-65)

Admissions and Records Recommendation Dismiss from College

By [signature] Date 7/8/65

MAY 14 1965

800-365 7-61

56-156-1242

FD-340 (REV. 6-24-65)

File No. 56-156-1a43

Date Received 6/6/68

From Dr. Lewis
(NAME OF CONTRIBUTOR)
Pasadena City College
(ADDRESS OF CONTRIBUTOR)
Pasadena, Cal.
(CITY AND STATE)

By David R. Pender
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

Xerox copy of Sirhan Sirhan's Permanent Record

PERMANENT RECORD

PASADENA CITY COLLEGE
PASADENA, CALIFORNIA

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT CODE	BIRTHDATE MO.	DAY	YR.
SIRHAN	SIRHAN	BISHARA		3	19	44

BIRTHPLACE Jerusalem, Jordan

HIGH SCHOOL OF GRADUATION John Muir High School

LOCATION Pasadena, California

DATE OF HIGH SCHOOL GRADUATION June 13, 1963

DEPARTMENT	COURSE NO.	DESCRIPTIVE TITLE	UNITS ATTEMPTED	UNITS EARNED	GRADE	POINTS
		FIRST SEMESTER 1963 64				
PE ACT	22A	BALLROOM DANCING	5		F	
H ED	2	HEALTH EDUCATION	2	2	D	2
ENGL	123	ENGLISH ESSENTIALS	3	3	D	3
GERMAN	3	INTERMEDIATE GERMAN	4	4	D	4
RUSS	2	ELEMENTARY RUSSIAN	4	4	C	8
HIST	1A	EUR CIV TO 1648	3	3	D	3
B COMM	1	BASIC COMMUNICATION	1	1	C	2
		PLACED ON PROBATION				
			17	5	17	22
		SECOND SEMESTER 1963 64				
PE ACT	11A	GOLF	5	5	C	1
ENGL	1A	READING & COMPOSITION	3		F	
PHYSIO	E21	INTRO PHYSIO & ANAT	3	3	C	6
ANTHRO	2	CULTURAL ANTHROPOLOGY	3	3	C	6
HIST	1B	EUR CIV FROM 1648	3	3	C	6
POL SC	1	INTRO TO AMER GOV	3	3	C	6
			15	5	12	25
		FIRST SEMESTER 1964 65				
PE ACT	11A	GOLF	5	5	D	5
RUSS	3	INTERMEDIATE RUSSIAN	4	4	C	8
BIOL	E21	INTRODUCTORY BIOLOGY	3	3	D	3
HIST	7A	US HIST TO 1876	3	3	D	3
PSYCH	1A	INTRO PSYCHOLOGY	3	3	D	3
		Sirhan was DISQUALIFIED on 1 29 65 for poor grades				
			13	5	13	17 5
		SECOND SEMESTER 1964 65				
		Sirhan's admission was CONTINUED BY ADM ACTION				
PE ACT	16	TRACK AND FIELD	5		F	
ENGL	1A	READING & COMPOSITION	3		F	
ENGL	30B	AMERICAN LITERATURE	2		F	
RUSS	4	INTERMEDIATE RUSSIAN	4		F	
HIST	7B	US HIST FROM 1876	3		F	
		DISMISSED 5 18 65				
			12	5		

56-156-1243

ADVANCED STANDING GRANTED AS FOLLOWS:

COLLEGES	UNITS	POINTS

DATES

1-64 STATE REQUIREMENT IN COMMUNITY AND PERSONAL HYGIENE SATISFIED.

STATE REQUIREMENT IN AMERICAN INSTITUTIONS, HISTORY, STATE AND LOCAL GOVERNMENT SATISFIED.

ASSOCIATE IN ARTS DEGREE GRANTED.

60 UNITS REQUIRED FOR AA DEGREE, LENGTH OF SEMESTER - 18 WEEKS, AVERAGE LOAD PER SEMESTER - 15.5 UNITS. UNITS OF CREDIT - ONE HOUR EACH WEEK LECTURE OR THREE HOURS EACH WEEK LABORATORY.

MEMORANDA:

NUMBERING OF COURSES

1-99	UNIVERSITY LOWER DIVISION EQUIVALENTS.
E1-E99	GENERAL COLLEGE ELECTIVES.
100-499	VOCATIONAL, TECHNICAL - INSTITUTE OR REMEDIAL

GRADES AND GRADE POINTS:

A - SUPERIOR	4	E - INCOMPLETE	0
B - BETTER THAN AVERAGE	3	F - FAILED	0
C - AVERAGE	2	W - WITHDREW	0
D - PASSING	1		

PASADENA CITY COLLEGE
1570 EAST COLORADO BOULEVARD
PASADENA, CALIFORNIA

A TWO YEAR COLLEGE GRANTING THE ASSOCIATE IN ARTS DEGREE
ACCREDITED BY THE WESTERN COLLEGE ASSOCIATION
TRANSCRIPT OFFICIAL ONLY WHEN COLLEGE SEAL IS AFFIXED
STUDENT IN GOOD STANDING UNLESS OTHERWISE NOTED

DATE TRANSCRIPT ISSUED

DEAN, ADMISSIONS AND RECORDS

PERMANENT RECORD

(SECOND SHEET)

PASADENA CITY COLLEGE
PASADENA, CALIFORNIA

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT CODE	BIRTHDATE MO.	DAY	YR.

DEPARTMENT	COURSE NO.	DESCRIPTIVE TITLE	UNITS ATTEMPTED	UNITS EARNED	GRADE	POINTS

MEMORANDA CONTINUED:

DATE	TEST DATA			
Sept. '63	ACE EXAM	Q	L	T
	Raw Scores	16	55	71
	Percentiles Calif. J.C. Freshman Norms	7	45	22

DATE	TRANSCRIPT ISSUED TO:

PASADENA CITY COLLEGE
1570 EAST COLORADO BOULEVARD
PASADENA, CALIFORNIA

INVALID WITHOUT FIRST SHEET. SEE FIRST SHEET FOR FURTHER DATA.

TRANSCRIPT OFFICIAL ONLY WHEN COLLEGE SEAL IS AFFIXED. STUDENT IN GOOD STANDING UNLESS OTHERWISE NOTED.

DATE TRANSCRIPT ISSUED

DEAN, ADMISSIONS AND RECORDS

FD-340 (REV. 6-24-65)

File No. 56-156-1044

Date Received 6-7-68

From Robert C. Shaw
(NAME OF CONTRIBUTOR)

TWA
(ADDRESS OF CONTRIBUTOR)

Internat airport LA
(CITY AND STATE)

By Shaw
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

letter re R-
Kennedy

J wants to continue war to either slip Humphrey in or like Roosevelt added another term during war

As a taxpayer of both national and New York state I have the right and privalege of calling a Robber a theif. Robert is paid by my taxes to occupy a seatin in the senate , which Robbert has been neglecting,week after week. Also in using mytaxes to go from one state to another which makes it a federal case, even if he only ware a pair of sox that was bought with my tax money. Robbert Kennedy's mother said, It is their money that buys the public vote and that it was no one elses buisiness, but it is the tax payer's buisness when one whom we pay disreguards his duties and uses money allotted to him for personal gain and glory. Furthermore, most riches are gained from taking advantage of the poor, as is now happening in the RFK absense from the senate. The poverty program should begin with the rich robbers.

A student who skipps classes for weeks on end fails the course , but a delinquent senitor sets a deliquent example for youth and receives no repremend for cheating the poor taxpayer.

Hippy comes from the word Hypocrit. The long hair with sometimes whiskers comes from the Rabbi Jew, Whom GOD divorced and called treacherous.(Jer 3:8, 7). Thanks to Robbert for marking himself so plainly as a HIPPIE - hypocrit. God says , Their own sword shall enter their own hearts (Ps 37:14 Ps64:8)

Robert shaggy hair kennel dog has the soul of Absalom (Absent from senate seat). Absalom had extreemly long hair and while riding a mule his HIPPIE hair caught in an Oak tree, The Democrat mule ran out from in under Absalom and left Absoalom hanginging between heaven and earth so Absalom was absent from his seat forevermore. God places the souls of Satan's men in Beast. (Jer 31:27) Rabbi-rabbit and Cat-catholic . How can a beast-priest or an ape-pope pray even a Kennedy soul out of the kennel dog Purgatory?

Absalom story- 11 Samuel 18:9

(on Docustat)

They call a female dog a bitch, what is her male offspring called? Sons Purse[illegible]

Re: Senator Robert Fuel Kennedy
The Jeeshaff Kennel Kennedy
Fort Lauderdale
(The Delinquent Senitor)
Florida

"Pet Lizard" Peter Pope Lee Lee[illegible]

This is on the cover of book, "Enjoy your Dog Picture Book"

Merle F. [illegible]teson
Hollywood park
Inglewood california

Watch and record who cops Robert and Lyndon ill gotten and blood stained money remit [illegible]

Rev 20:12

D. C.

Washington,
The Delinquent Senator

Senitor "Robb" Kennedy

Curse = curr = dog Kennel

$ for [illegible] and more ill gotten.

5 Senitors seek a delinquent Hampl[illegible] and receive no repremand.

A student who skipps classes for weeks on end fails the course. A delinquent

It's the TV - Flying nun said, If you could have [illegible] me over with a feather. JFK in mourning clothing, San Juan, Puerto Rico (St John)

PT Boat 109 = Psalm 109; Sam 19

Copies sent to: Pope, Catholic Hospitals, Universities, Magazines, Mechanics, Service men, FBI, Counties and Judges, [illegible]

GOD says, ye are cursed with a curse, for ye have robbed ME, even this whole nation. (Mala 3:9)