



2025 RELEASE UNDER E.O. 14176



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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

EMERGENCY CARD
Child Welfare

To Parents:

Your cooperation is requested in order to give
welfare of your boy or girl.

In the event of your child becoming ill or
that the release is called for on the reverse side of
for having this information is essential when you

EMERGENCY

1. Name of Student Lia Kim Si
Address 1647 N. Lake Ave.
2. Name of Local Medical Adviser _____
Office Address _____
3. Name of Local Christian Science Practitioner _____
Office Address _____
4. In case of accident, if you have no medical adviser
absent from home, please check below if you wish to
Hospital for treatment. (The Emergency Hospital notify
the parents have been contacted or their consent of
communication with the family physician, if necessary
the Emergency Hospital, indicate with whom the school
(1) Emergency Hospital (Check one) Yes
(2) Close Relative

PREVIOUS SCHOOL RECORD

Where did you attend: Name of School	PUBLIC PRIVATE	Street Address of School	City	State	Dates	
					From	To
7th John Marshall	public	999 Allan	pasadena	calif	sept 57	june 58
8th John Marshall	public	999 Allan	pasadena	calif	sept 55	10-27-56
9th						
10th						
11th						
12th						

BROTHERS AND SISTERS

NAME	Full	Half	Step	Age	At Home	Away	Occupation or School
Shariif Sirhan	✓			25	✗	✓	secretary
Saidallah Sirhan	✓			25	✗	✓	businessman
Adel Sirhan	✓			23	✓		businessman
Manir Sirhan	✓			20	✓		student
Aida Sirhan	✓			19		✓	student

NAME: Sirhan, Sirhan _____ B _____
Last First Middle

POLIO IMMUNIZATION

TO PARENT OR GUARDIAN

PLEASE CHECK ONE OF THE FOLLOWING THREE BOXES

- A. I certify that the student named above has received the immunization shown below.

Date: 1st _____ 2nd _____

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- B. I certify the student named above has had one or two immunizations.

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 Sirhan Boy yes Girl _____
Last First Middle

Address: 13717 Mentor Telephone _____

School last attended: Lutheran Church Grade 5th Date of Leaving Dec 14 City Jerusalem State Jordan
Church

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 _____ Day _____ Year _____ Place of Birth Jerusalem State Jordan
City

Verification of birth: _____
Initial Passport

NAMES OF MEMBERS OF GUARDIAN <small>(Enter in spaces below)</small>	Race or Nationality	HOME ADDRESS	Telephone	Telephone	Telephone	Telephone	Telephone	OCCUPATION OR FREELANCE WORK
Father's Name <u>SIRHAN N. BISHARA SIRHAN</u>	<u>Arabic</u>							<u>gardener</u>
Mother's Name <u>SIRHAN MARY</u>								
Guardian's Name <u>LIEENA HALLER</u>	<u>German</u>						<u>85385</u>	

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? no Amount Weekly _____ Amount Monthly _____

Teacher _____ Room No. _____ Grade _____

SPONSOR
Parent or guardian's signature Mrs. Halder

SCHOOL — John Muir High School

NAME: Sirhan, Sirhan ^B ADDRESS: 646 E. Howard Pasadena
Last First Middle Number Street 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 _____

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.)

Dates: 1st 26 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.)

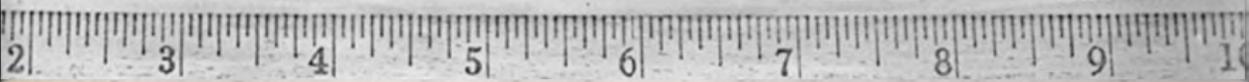
SIGNATURE: Mary Sirhan
By Parent or Guardian

DATE: 7 Jan. 1963

(The above information is required by California law.)

175-501 WSN 10919 12-61

Pasadena City Schools
Pasadena, California



INFORMATION BLANK

PALADINA CITY SCHOOLS
PALADINA, CALIFORNIA

School Ellet
Date 10-25-58
Boy Race _____ Grade _____
Rec'd by _____ Level 5A

- Name SIRHAN (Last) SIRHAN (First) BISILA RA (Middle) Telephone 24-62126
- Address 1412 (Number) Lake (City) Pasadena (City) 6 (Zone)
- Date of Birth [redacted] (Month) [redacted] (Day) [redacted] (Year) Place of Birth Jerusalem (City) Verified (Status)
- School last attended John Marshall (Name of School) Pasadena Calif (City) (State)
- Own father's name Bernardo Sirhan (Last) (First) (Initial) Living? Address if not at home _____
- Occupation _____ Business Phone _____ Address if not at home _____
- Own mother's name Sirkhan Mary B (Last) (First) (Initial) Living? Address if not at home _____
- Occupation Assistant Teacher Business Phone _____
- If parents are divorced? No
- (If living with your own parents omit items 10-15 below)
- With whom are you living? (Own father and stepmother) N/A (Own father and stepmother) No
Guardian parents Other person, Name _____ Relationship _____
- Stepfather's name _____ (Last) (First) (Middle) Living? _____
- Occupation _____
- Stepmother's name _____ (Last) (First) (Middle) Living? _____
- Occupation _____
- Guardian's name _____ (Last) (First) (Middle) Relationship to you _____ Legal _____
- How many brothers 4 and sisters 1 are living at home?
- Are there any other people living in your home who are members of your family group?
If so, what is their relationship to you? _____
- Are you frequently under a doctor's care? No If you don't object, state the reason why _____
- What is your church preference? (Optional) Orthodox
- In what occupations are you especially interested? (List in order of preference)
Police Route Gardening
- In what hobbies are you interested? Collecting stamps, rocks
- Are you earning money at the present time? No Why are you working, and what kind of work are you doing? _____
- How long do you expect to stay in school? Through 17th _____ Through 16th _____ Beyond
- If beyond 12th, what kind of school? P.P.S.
- Have you ever attended school in Palestine before? Yes If so, give name of last Palestine school attended John Marshall and the grade 5th

R.O.

PASADENA CITY SCHOOLS
Pasadena, California
HEALTH DEPARTMENT

Fralley

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 [redacted] Grade 6th

Father's Name Bishara Sirhan Present Health good Occupation gardener

Mother's Name Mary Sirhan Present Health good Occupation _____

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	Pneumonia
	Hearing difficulty	Polio
Awkward	Heart condition	Pneumonia
Bronchitis	Hernia (rupture)	Rheumatic fever
Chickenpox	Influenza	Scarlet fever
Chorea (St. Vitus Dance)	Kidney infection	Sinus infection
Cold frequently	Leg pain	Speech defect
Diphtheria	Measles German	Stammering
Ears	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 defect? Yes 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 rise 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 1954

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? _____

Mrs. Halcyon Lillenas
Mother

Date



INFORMATION CONCERNING FAMILY

DATE	NAME	REL.	ADDRESS	OCCUPATION
7-57	Walter Sirhan, Washara		1301 Mentor, Pasadena	
1-57	Mrs. Sirhan, Mary		same	Housewife
1	Walter			
1	Walter			

DATE	PERSON BEING MAILED	DATE	REASON
7-57	Walter Sirhan - Apts 20; Adel 18;		
1-57	Walter Sirhan - Marie 8;		

TRANSFER RECORD

FROM	TO	REASON FOR TRANSFER
Marshall from Longfellow	10-2-58 Elliot Jr. High School	Move.
10-2-58 Sirhan from Marshall Jr. High		
7-57 John Sirhan from Elliot Jr. H.		

HEALTH RECORD (P.E. ASSIGNMENT, SPECIAL HANDICAP, ETC.)

DATE	ATTENDING PHYSICIAN	DIAGNOSIS	DESCRIPTION	DATE	GENERAL NOTES, PRESENT PHYSICAL STATUS AND ETC.
1					
1					
1					

TEST DATA

SCHOLASTIC CAPACITY TESTS

DATE	TEST	SCORE	PERCENTILE	REMARKS	TESTING AGENCY	TESTING DATE	IQ	CA	MA	VB
8-57	Plattner General Ability Test, Int. Form A 27				CA	AV 10		120	88	65
1-59	Terman-Matteson C							140	120	83
10-59	INDIVIDUAL APTITUDE TESTS - Form A (1950)									

ACHIEVEMENT TESTS

DATE	TEST	SCORE	PERCENTILE	REMARKS	TESTING AGENCY	TESTING DATE	IQ	CA	MA	VB
9-57	Stanford Achievement, Adv. Form JM			Arith: 6.4 Rgt: 3.4				130	118	
1-59	Stan. Ach. Adv. gm			Arith. Reas. 8.1 Comp. 9 Sp. 7.5						
9-59	Form. Mean 6.0			Wrd. M.-m. 5.8 Rgt. Tot. 5.9				14	11	9
8-60	Calif. Arith. Int. 88			Reas. 8.5 Fund. 7.0						7.4
8-60	Calif. Arith. Int. CG			Reas. 8.5 Fund. 5.8						8.7

101728 12341561 032 921 1133

IOWA TESTS OF EDUCATIONAL DEVELOPMENT 1960-1961

SEE INVENTORIES

DATE	TEST	SCORE	PERCENTILE	REMARKS

ACTIVITY RECORD - SPECIAL ACCOMPLISHMENTS

EMPLOYMENT RECORD

DATE	ACTIVITY	DATE	EMPLOYER

OBSERVATIONS - GENERAL COMMENTS

DATE	REMARKS

PASADENA CITY SCHOOLS
PASADENA, CALIFORNIA

JUNIOR HIGH SCHOOL REPORT TO PARENTS

The Pasadena Junior High Schools have as their general purpose the development in youth of the characteristics which we believe they must possess in order to be effective citizens in a democracy. Some of the characteristics which are more easily observed are listed under the headings Subject Grade and Citizenship Grade. A check (✓) following one of the subhead indicates need for improvement in that area; a plus (+) means outstanding. Explanation of grades: A—Outstanding, B—Highly Satisfactory, C—Average, D—Barely Passing, E—Incomplete, F—Failure to Meet Minimum Requirements. THE GRADE AT EACH QUARTER REPRESENTS THE STUDENT'S TOTAL GRADE TO THAT DATE.

Name Suhan Sirhan B School Year 59-60
Last First Initial

Subject and Grade Level 9 ENGLISH-SOCIAL STUDIES Nov. 13 Feb. 20 Apr. 13 June 17

School Eliot Junior High

I. SUBJECT GRADE—Skills, Understandings, and Appreciations in:	Nov. 13	Feb. 20	Apr. 13	June 17
ENGLISH (reading, written expression, speaking, listening)	C	C-	C-	C-
SOCIAL STUDIES (geography, history, civics, economics)				
Reliable Information				
Clear Expression				
Application of Knowledge				
Creative Thinking				
Skills to Accomplish the Above				
II. CITIZENSHIP GRADE	C	B	B	B
Responsibility				
Effort				
Participation				
Class Conduct				
Courtesy				

Teacher Signature

Parent Signature

1st L. Fitzgerald
2nd L. Fitzgerald
3rd L. Fitzgerald
4th L. Fitzgerald

Mary Sirhan
Mary Sirhan
Mary Sirhan

175-439 WSN 1067 6-58

(OVER)

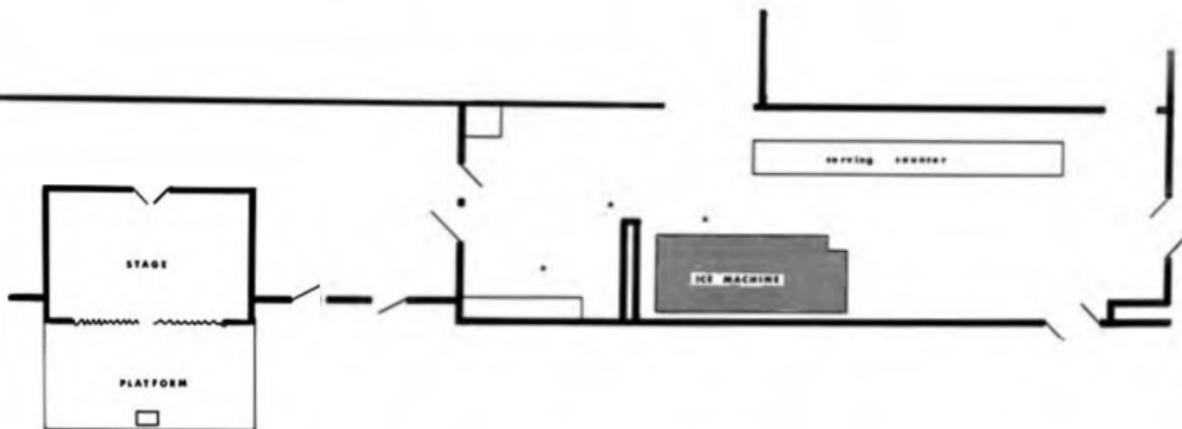
This side of this report is designed for teacher and parent comments. Comments should be signed.
We encourage parents to comment on this evaluation or to make suggestions.

Date

Teacher and Parent Comments

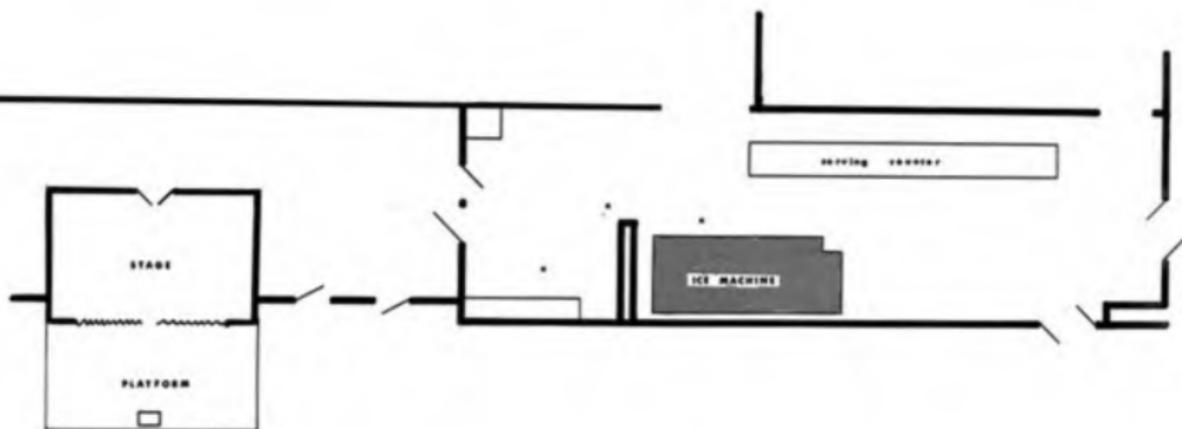
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EMBASSY BALLROOM

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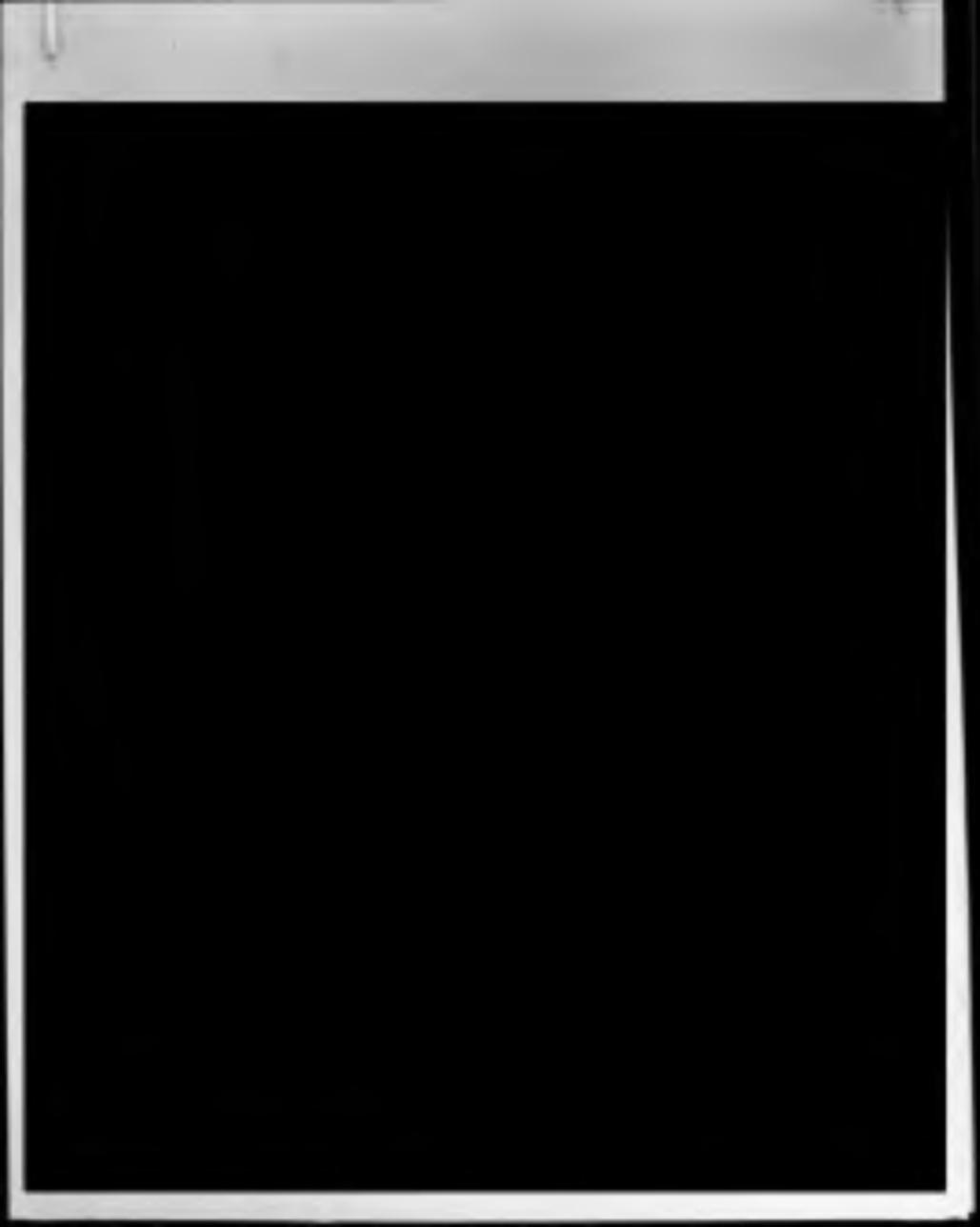


EMBASSY BALLROOM

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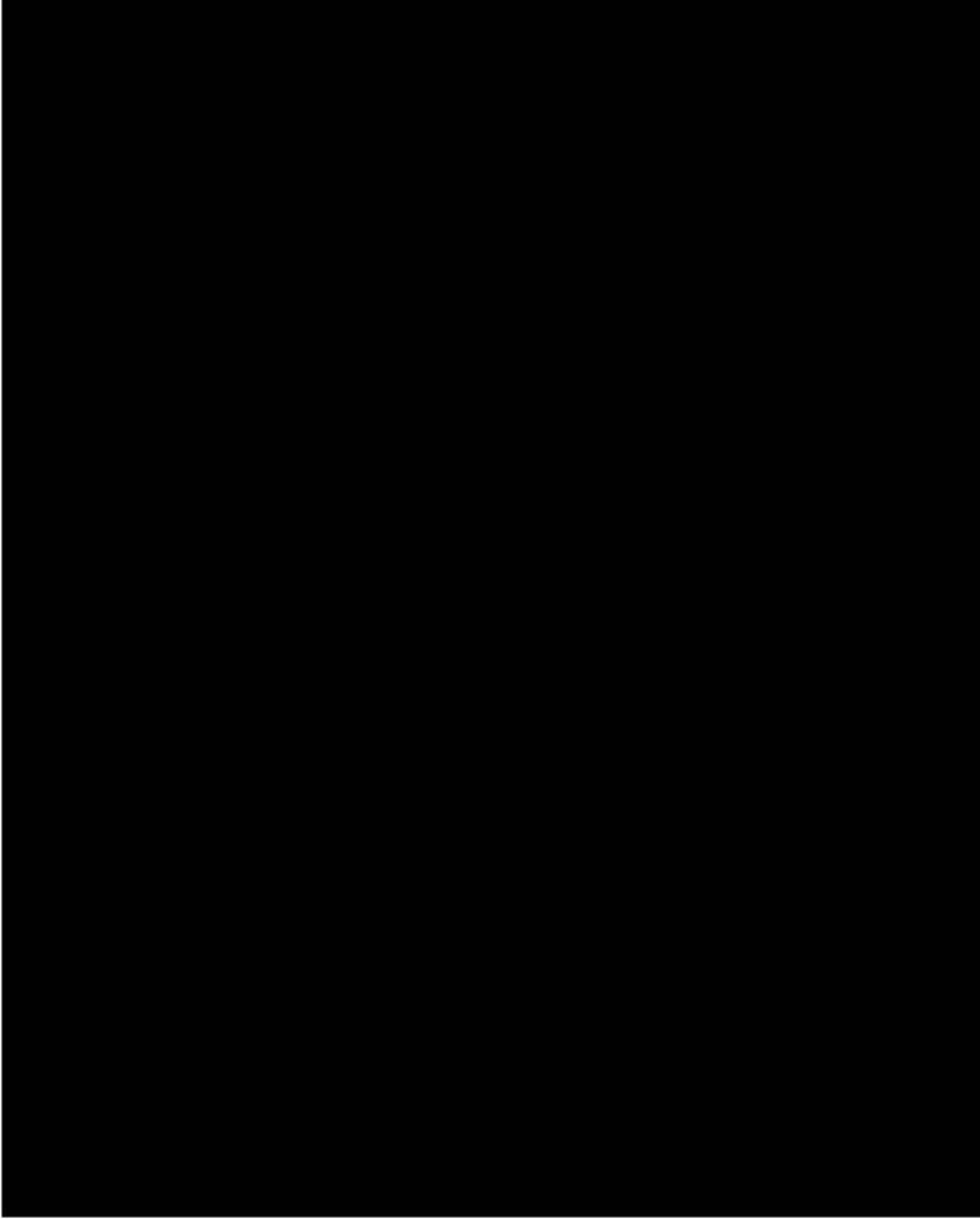
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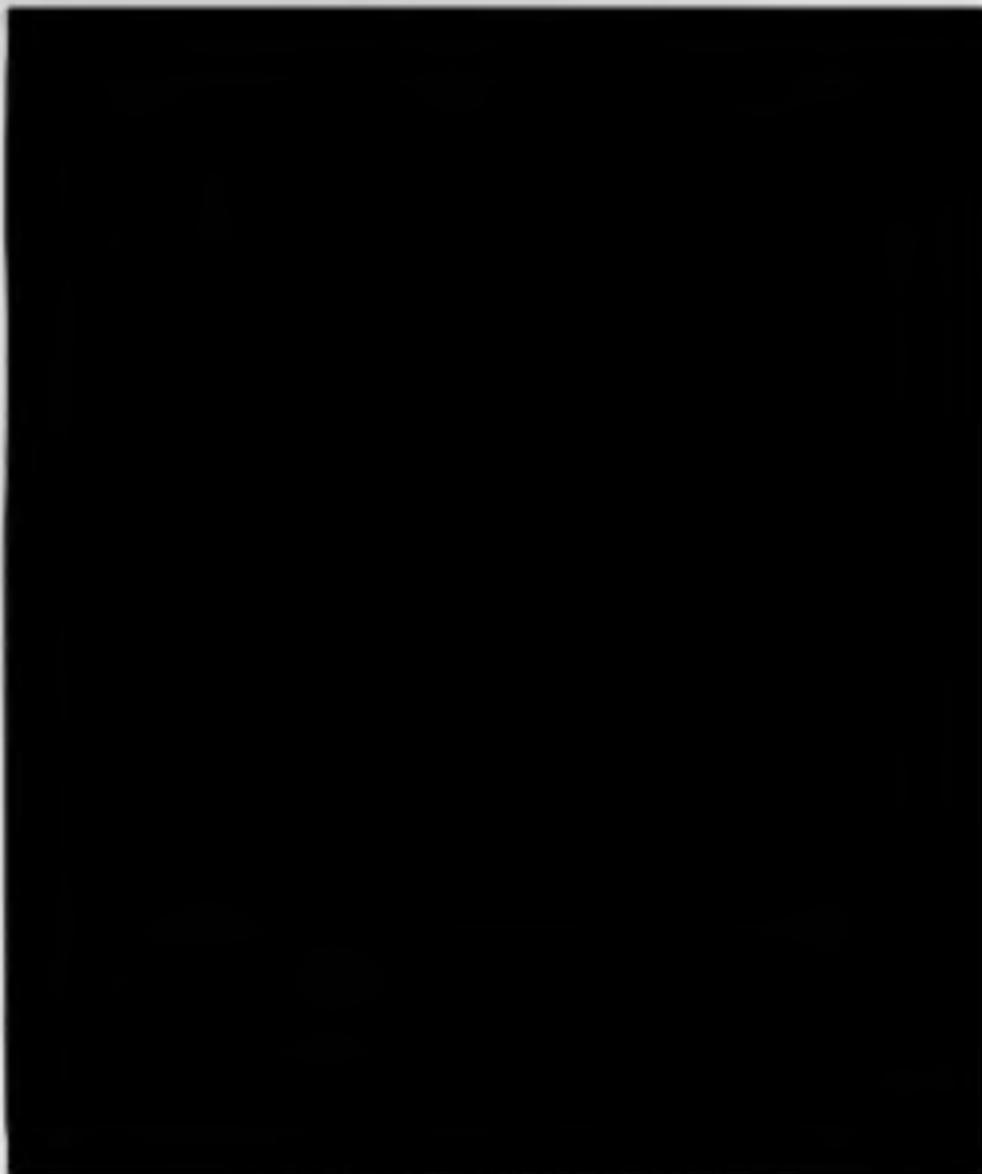


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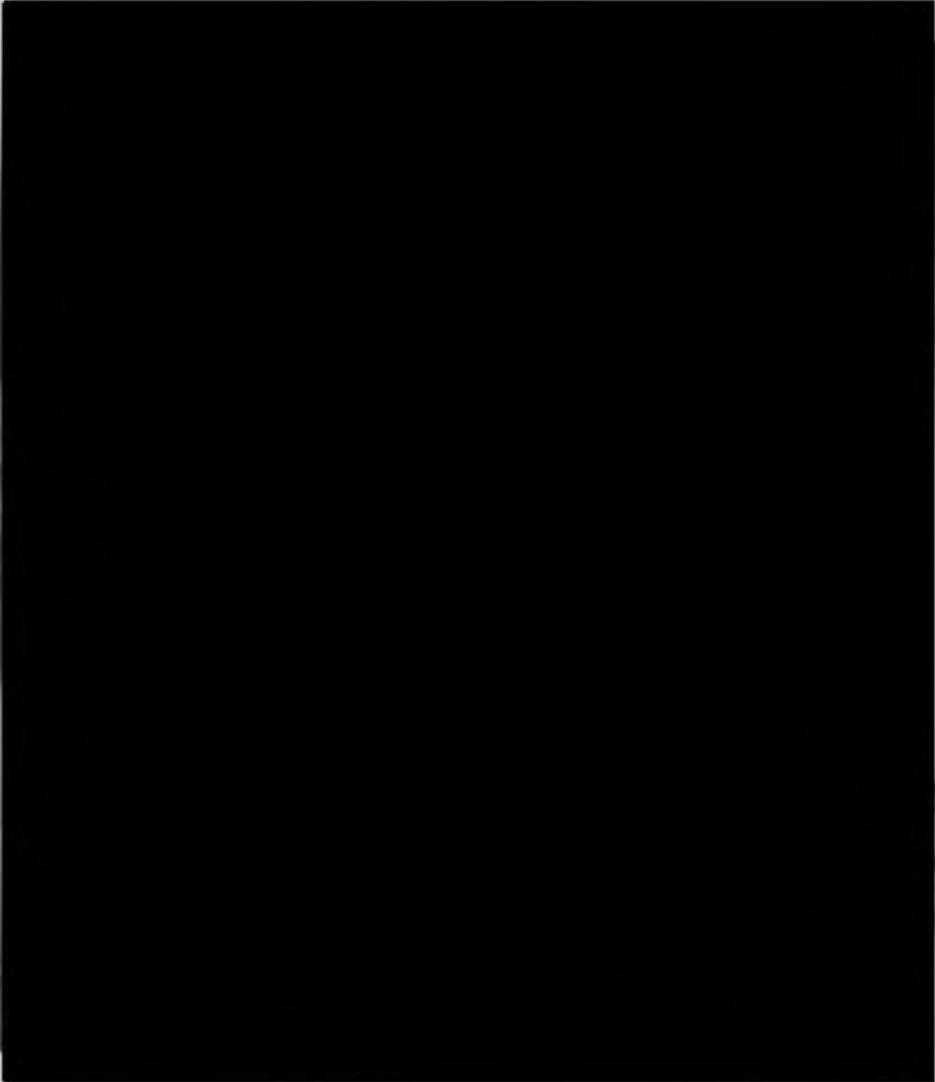
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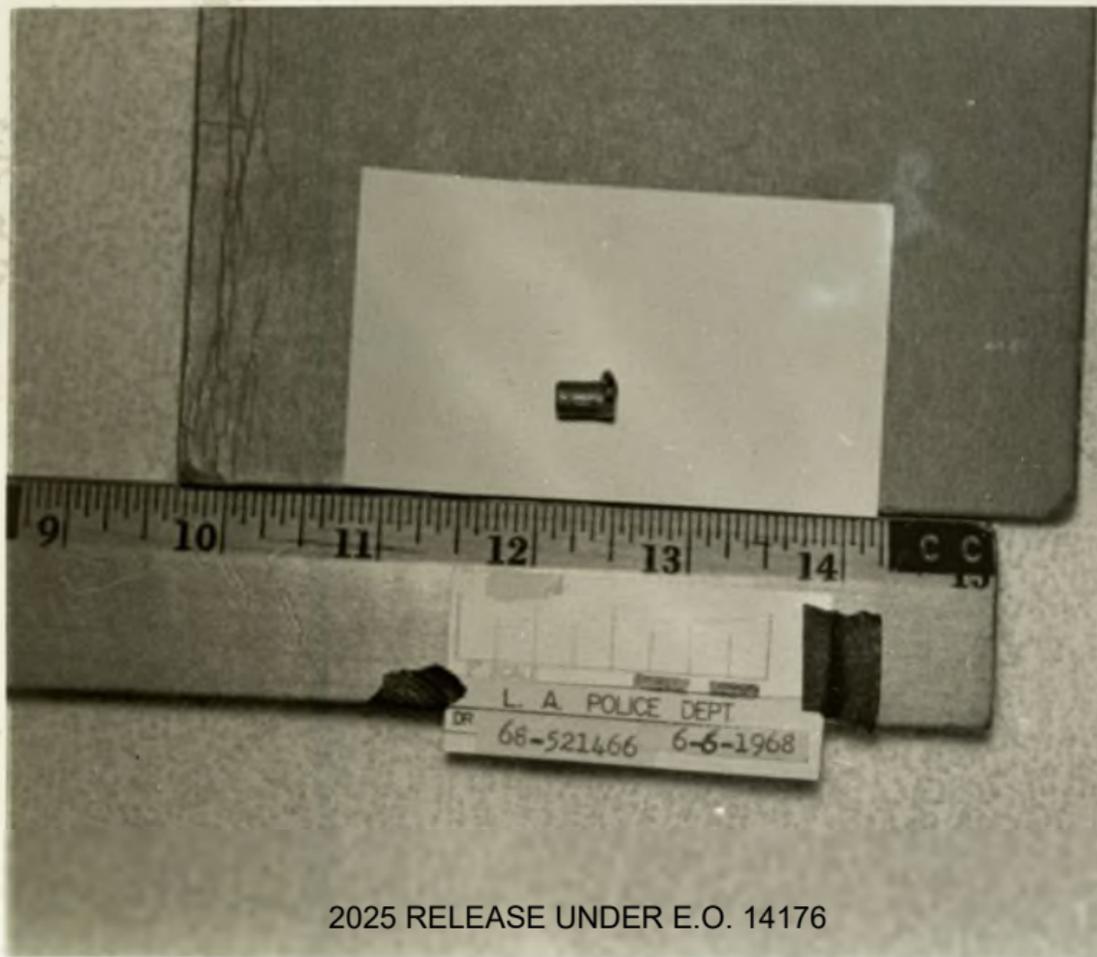




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AIR MAIL



Director, NAACP
Watts Section
Los Angeles, Calif.

KINDLY SEE THAT YOUR PEOPLE KEEP
A RESPECTFUL DISTANCE FROM
SENATOR KENNEDY.

AIR MAIL



NAACP
Watts Section
Los Angeles, Calif.

kennedy as an attorney general did
nothing for you.

kennedy as a senator did nothing for you;

as president, what would he do for you?

the same thing - N O T H I N G.



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