



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 injured,
that the telephone number listed on the reverse side of
for having this information is essential when you are

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 given
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	piness 58
8th	John Marshall	public	999 Allan	pasadena	calif	sept 58	10-27-58
9th							
10th							
11th							
12th							

BROTHERS AND SISTERS

NAME	Full	Half	Step	Age	At Home	Away	Occupation or School
Shariel Sirhan	✓			25	✗	✓	secretary
Saidallah Sirhan	✓			26	✗	✓	businessman
Adel Sirhan	✓			23	✓		businessman
Marin 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 shots shown below.

Date: 1st _____ 2nd _____

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

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 _____

Address 13217 N. Mentor Telephone _____

School last attended Lutheran Church Grade 5th 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 1

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

Age 12 Date of birth: Month Day Year Place of birth Jerusalem State Jordan

Verification of birth: Passport

NAMES OF PARENTS OR GUARDIANS (Enter in spaces below)		Sex or Relationship	HOME ADDRESS	Telephone	Occupation or Present Work
Father's Name <u>SIRHAN BICHAR SIRHAN</u>		<u>Married</u>			<u>gardener</u>
Mother's Name <u>SIRHAN MARY</u>					
Guardian's Name <u>SPONSOR</u> <u>LIFENA HALDER</u>				TELEPHONE <u>by 8 5385</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 _____

SPONSOR
Parent or guardian's signature Mrs. Halder

Teacher _____ Room No. _____ Grade _____

SCHOOL — John Muir High School

12 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.)

^{Time +}
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.)

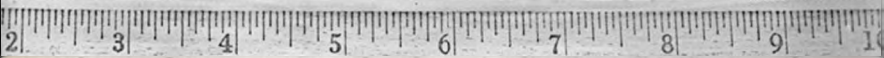
SIGNATURE: Mary Sirhan
By Parent or Guardian

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 El Cerrito
Date 10-25-58
Boy ✓ Race SA Grade 5A
Level 5A
Rec'd by _____

1. Name SIRHAN SIRHAN BISHARA Telephone 24-62176
(Last) (First) (Middle)
2. Address 1412 Lake Paladina
(Number) (Name) (City) (State) (Zip) 6
3. Date of Birth [REDACTED] Place of Birth Jerusalem Verified ✓
(Month) (Day) (Year) (City) (State)
4. School last attended John Marshall Paladina Calif
(Name of School) (City) (State)
5. Own father's name Bishara Sirhan Living? ✓ Address if not at home _____
(Last) (First) (Initial)
6. Occupation _____ Business Phone _____ Address if not at home _____
7. Own mother's name Sirhan Mary B. Living? ✓ Address if not at home _____
(Last) (First) (Initial)
8. Occupation Assistant Teacher Business Phone _____
If separated, are they divorced? No
9. (If living with your own parents omit items 10-15 below)
10. With whom are you living? (Own father and stepmother) No (Own father and stepmother) No
Guardian per se Other person, Name _____ Relationship _____
11. Stepfather's name _____ Living? _____
(Last) (First) (Middle)
12. Occupation _____
13. Stepmother's name _____ Living? _____
(Last) (First) (Middle)
14. Occupation _____
15. Guardian's name _____ Relationship to you _____ Legal _____
(Last) (First) (Middle)
16. How many brothers 4 and sisters 1 are living at home?
17. Are there any other people living in your home who are members of your family group?
If so, what is their relationship to you?
18. Are you frequently under a doctor's care? No If you don't object, state the reason why _____
19. What is your church preference? (Optional) Orthodox
20. In what occupations are you especially interested? (List in order of preference)
Police Route Gardening
21. In what hobbies are you interested? Collecting Stamps, Rocks
22. Are you earning money at the present time? No Why are you working, and what kind of work are you doing? _____
23. How long do you expect to stay in school? Through 12th _____ Through 16th _____ Beyond ✓
If beyond 12th, what kind of school? P.R.C.
24. Have you ever attended school in Palestine before? No If so, give name of last Palestine school attended _____ and the grade 5th
John Marshall 6

R.O.

PASADENA CITY SCHOOLS
Pasadena, California
HEALTH DEPARTMENT

Fraley

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 (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	Polio
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
Earsache	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? If so, please specify.

Is your child nervous?

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? When? Results?

10-10-54

Date

Mrs. Halcyon Lillenas
Mother's Signature

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 Sirhan Sirhan B School Year 59-60
Last First Initial

Subject and Grade Level 9 ENGLISH-SOCIAL STUDIES Nov. Feb. Apr. June
School Eliot Junior High 1st 2nd 3rd 4th

I. SUBJECT GRADE—Skills, Understandings, and Applications in:				
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				
Responsibility	C	B	B	B
Effort				
Participation				
Class Conduct				
Courtesy				

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

Parent Signature
Mary Sirhan
Mary Sirhan
Mary Sirhan

175-439 WSN 10557 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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Language & Literature

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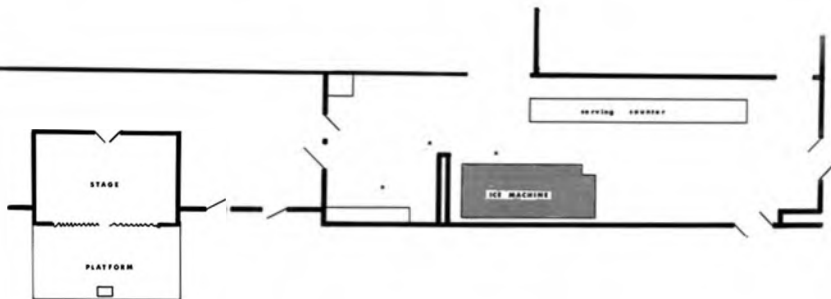
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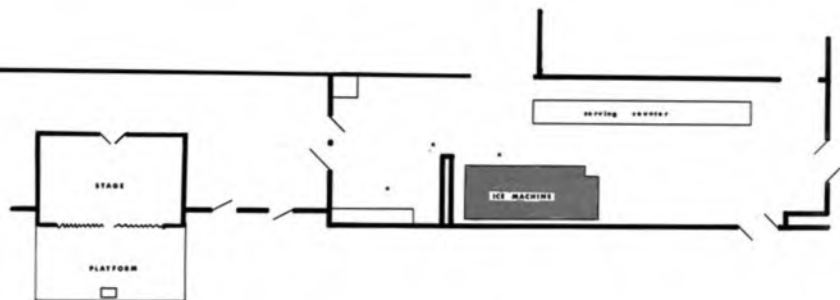
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EMBASSY BALLROOM



EMBASSY BALLROOM



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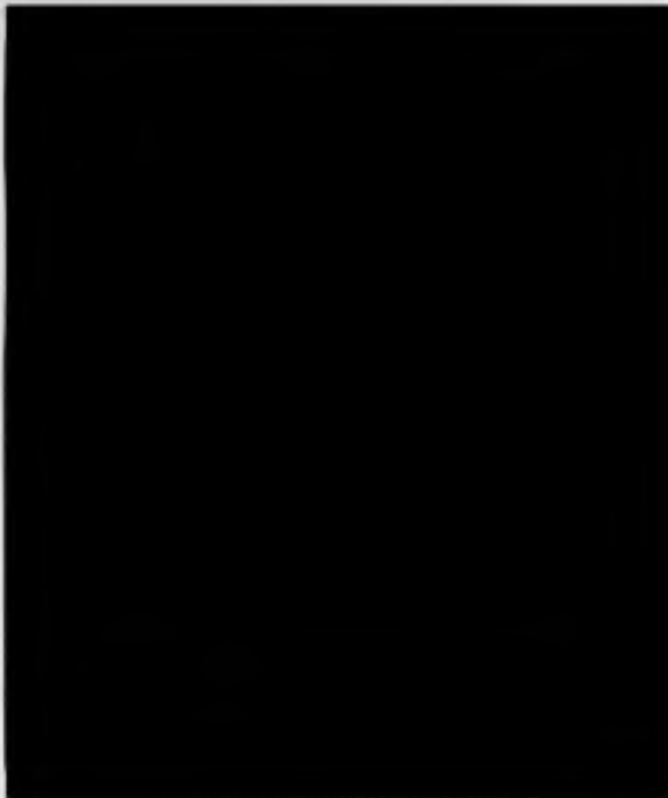
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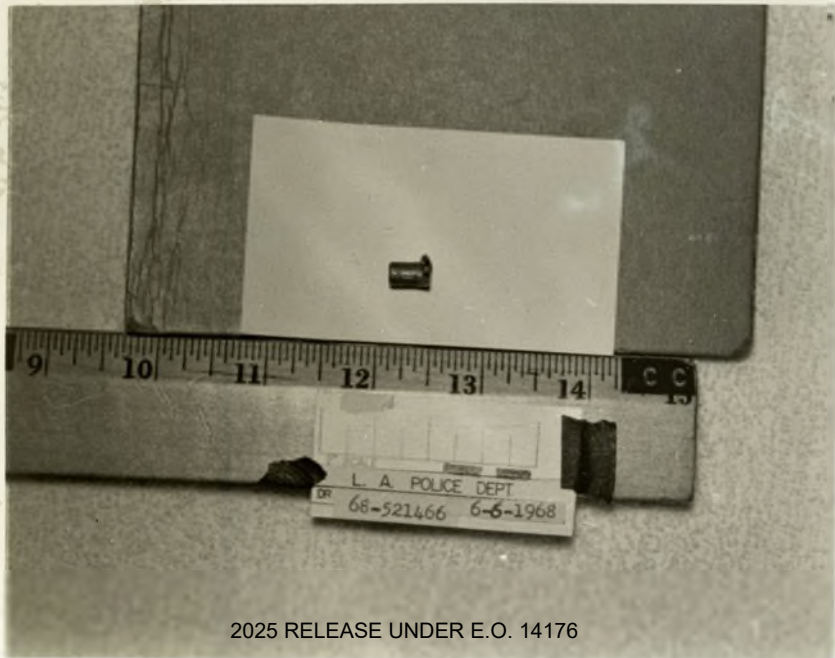




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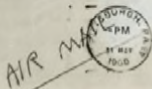


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Director, NAACP
Watts Section
Los Angeles, Calif.

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.

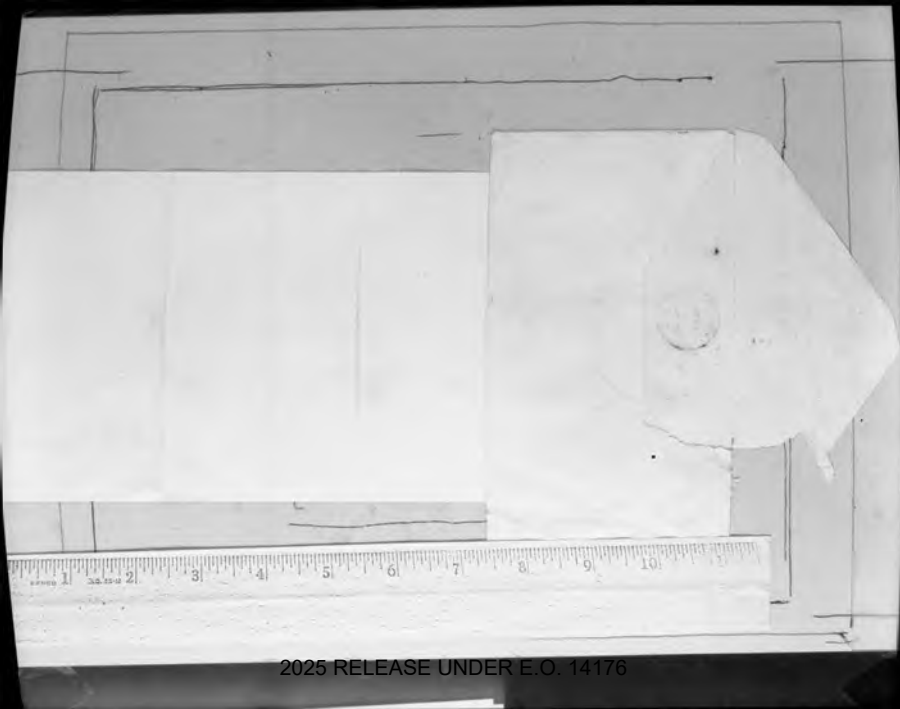
kennedy as a senator did nothing for you;

as president, what would he do for you?

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



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