<-----FOR POSITION ONLY
DIE LINES DO NOT PRINT

NAME ____ SEX (M) (F)
Last First Middle (Check)

INSTRUCTION TO THE TEACHER: This card must be preserved. It may be passed along from school to school. If the child withdraws from school ir the school is closed, this record should be returned to the office of the Superintendent. The teacher is responsible for keeping these records, which should faithfully represent the teacher's best judgement of the pupil's work. After completing the 8th grade the card is to be returned to the Superintendent who shall introduce the system into each respective high school. Transcripts are to be made available to the pupil on request. THESE MARKS ENTERED ARE A PERMANENT RECORD OF THE CHILD'S SCHOOL HISTORY AND SHOULD BE ENTERED ON THE RECORD ONLY.

UNIVERSAL CUMULATIVE RECORD

SAMPLE

1. PERSONAL AND FAMILY HISTORY

BIRTH: Year Month Day Place

Number of Brothers: Older Younger Number of Sisters: Older Younger

Proof of Birth

Comments Date Graduated

ENTRANCE AND WITHDRAWAL RECORD

Date Entered	Grade	School	Date of Withdrawal	Cause of Withdrawal

Address: Home Telephone:

Emergency Telephone:

	Parent's Name	Occupation
Father		
Mother		
Guardian		

Family Physician

*If Father of Mother is dead give cause and year of death:

Pupil lives with:

THIS SPACE FOR

PHOTOGRAPH OF CHILD

REMOVE OLD PHOTOS

Age: Date:

2. ELEMENTARY SCHOLASTIC AND ATTENDANCE RECORD

Attendance and Academic Record - Grades 1 to 6 or 1 to 8, - Marking system: See Footnote

						ATTENDANCE STATISTICS			LANGUAGE ARTS					MATH.		SOCIAL STUDIES							NATURAL SCIENCES				FINE ARTS					
Name of School		Promoted to or Re-tained In	Reading Level	School Year	Teacher	Total Days Attendance	Total Days Absent *	Times Tardy	Reading	Writing	Spelling	Language		Arithmetic		Geography	U. S. History	Civics	State History				Physiology, Health and Safety	Agriculture	Science		Music	Art		Physical Education	Industrial Arts	Home Arts

MARKING SYSTEM: A, excellent or_____to_____; B, good or_____to_____; C, average or_____to_____; D, fair or_____to_____; E, poor or_____to_____; F, failure or_____to_____. Letters or numerical grades may be used.

* Cause of Absence (1) Illness, (2) Work, (3) Travel, (4) Truancy, (5) ______________________________

Form No. 715-A
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score line ____________

3. SECONDARY SCHOLASTIC AND ATTENDANCE RECORD

High School Record - Grades 7 to 12 or 9 to 12

SEVENTH GRADE: School Year: ______ to ______

SUBJECTS	No. Weeks	No. Periods Weekly	MARKS			Credits	Teacher	Special Ability, Ed. or Vocational Suggestions by H.R. Teacher or Counselor
			1st Sem.	2nd Sem.	Year			

Attend-ance:	Date Entered:	No. Days in School Year	Days Present	Days Absent	Chief Cause of Absence*	Times Tardy

EIGHTH GRADE: School Year: ______ to ______

SUBJECTS	No. Weeks	No. Periods Weekly	MARKS			Credits	Teacher	Special Ability, Ed. or Vocational Suggestions by H.R. Teacher or Counselor
			1st Sem.	2nd Sem.	Year			

Attend-ance:	Date Entered:	No. Days in School Year	Days Present	Days Absent	Chief Cause of Absence*	Times Tardy

NINTH GRADE: School Year: ______ to ______

SUBJECTS	No. Weeks	No. Periods Weekly	MARKS			Credits	Teacher	Special Ability, Ed. or Vocational Suggestions by H.R. Teacher or Counselor
			1st Sem.	2nd Sem.	Year			

Attend-ance:	Date Entered:	No. Days in School Year	Days Present	Days Absent	Chief Cause of Absence*	Times Tardy

TENTH GRADE: School Year: ______ to ______

SUBJECTS	No. Weeks	No. Periods Weekly	MARKS			Credits	Teacher	Special Ability, Ed. or Vocational Suggestions by H.R. Teacher or Counselor
			1st Sem.	2nd Sem.	Year			

Attend-ance:	Date Entered:	No. Days in School Year	Days Present	Days Absent	Chief Cause of Absence*	Times Tardy

ELEVENTH GRADE: School Year: ______ to ______

SUBJECTS	No. Weeks	No. Periods Weekly	MARKS			Credits	Teacher	Special Ability, Ed. or Vocational Suggestions by H.R. Teacher or Counselor
			1st Sem.	2nd Sem.	Year			

Attend-ance:	Date Entered:	No. Days in School Year	Days Present	Days Absent	Chief Cause of Absence*	Times Tardy

TWELFTH GRADE: School Year: ______ to ______

SUBJECTS	No. Weeks	No. Periods Weekly	MARKS			Credits	Teacher	Special Ability, Ed. or Vocational Suggestions by H.R. Teacher or Counselor
			1st Sem.	2nd Sem.	Year			

Attend-ance:	Date Entered:	No. Days in School Year	Days Present	Days Absent	Chief Cause of Absence*	Times Tardy

4. SCHOOL HEALTH RECORD

DISEASES HISTORY	RHEUMATIC FEVER	HEART DISEASE	DIPHTHERIA	POLIOMYELITIS	WHOOPING COUGH	SCARLET FEVER	MEASLES	MUMPS	GERMAN MEASLES	OTHER (SPECIFY)	TUBERCULOSIS	TB IN ASSOCIATES	EPILEPSY	DIABETES	ALLERGIES
Date															
DISEASES HISTORY	LEAD TEST	SICKLE TEST													
Date															
IMMUNI-ZATIONS	DTP	HEP B	HIB	IPV	MMR	OPV	TD	VARICELLA			* CHEST X-RAY				
Date															

Year	Grade	Age	Height 1	Weight 2	Scalp 3	Skin 4	Posture 5	Deformities 6	Nutrition 7	General Appear-ance 8	Speech 9	Behavior Problems 10	TEETH CAVITIES Temp. 11	TEETH CAVITIES Perm. 12	TEETH 6 Yr. Molar Ext. 13	Other Exams	OBSERVATIONS	RECOMMENDATIONS

* IF TUBERCULIN TEST IS POSITIVE

Year	Nasal Obstruc-tion 14	Throat 15	VISION R 16	VISION L 17	VISION B 18	VISION 19	VISION 20	Glasses Date Ref. 21	HEARING R 22	HEARING L 23	Nervous Symp-toms 24	Heart 25	LUNGS Tuber-culin 26	LUNGS X-Ray 27	Glands 28	Genitals 29	Hernia 30	Schick 31	Doctor	OBSERVATIONS	RECOMMENDATIONS	Parents Advised

INSPECTION MARKING CODE: O = No observable defect; X = Defect; Circled X = Corrected; V = Irremediable. Detail any defects under Observations using reference number heading the column.

Certain Section(s) of the School Code:
"A sickle cell anemia test shall be administered to each pupil by the request of the examining physician when he determines such test necessary."

Test Given _____ Yes _____ No
Result of Sickle Exam given:

Abnormal Hgb Type: _____ SS _____ AS _____ Other _____

Normal Adult Type of Hgb _____

_____
Examining Physician

* State law requires cases of malnutrition to be reported to the State Department of Public Health by school administrators. Check box if evidence of malnutrition is present ☐ and sign below:

Date _____ _____ M.D.

The above named person is physically able to participate in all physical education and competitive sports, unless otherwise specified.

Date _____ _____ M.D.

If there is a vision or foot examination given by other than the reporting physician, the name of the examiner should be given here also.

_____ (Name) (Degree)

_____ (Name) (Degree)

GRADUATION RECORD

SCHOOL	Date	Number in Class	Rank in Class
Sixth Grade			
Eighth Grade			
Junior High			
Senior High			

SUMMARY OF HIGH SCHOOL CREDITS

English		Industrial Arts	
Social Studies		Physical Education	
Mathematics		Art	
Science		Music	
Languages		Computer Technology	
Commercial			
Agriculture			
Home Making			
Industrial Arts			
Physical Education			

Remarks:

Follow Up:
College Entered _____ Course _____
Vocation _____

POST-GRADUATE HISTORY

Transcript _____ Date _____

Sent To _____ Date _____

7. GRADUATE AND POST-GRADUATE HISTORY

YEAR	ORGANIZATION OR EVENT	SPONSOR	OFFICE OR HONOR

YEAR	ORGANIZATION OR EVENT	SPONSOR	OFFICE OR HONOR

YEAR	SPORT	AMT. PLAYED	AWARD

YEAR	SPORT	AMT. PLAYED	AWARD

6. EXTRA-CURRICULAR ACTIVITIES AND HONORS

SCHOOL	GRADE	DATE	NAME OF TEST	FORM	SCORE	C. A.	M. A.	I. Q.	STAND. NORM	CITY NORM	GRADE EQ. OR RANK	REMARKS

5. STANDARD TEST RECORD