

HOBBS MUNICIPAL SCHOOLS ELEMENTARY CUMULATIVE RECORD CARD, HOBBS, N.M.

To be completed in pen except where noted with an asterik (*)

NAME	PLACE OF BIRTH	SS#
Last First Middle		

*LATEST HOME ADDRESS	DATE OF BIRTH	STUDENT ID#
Male _____ Female _____	PARENT(S) OR GUARDIAN(S)	

Father's Employer:	GUIDANCE RECORD	GRADES K-6	TEACHER COMMENTS
Mother's Employer:	Yes No	SCHOOL YEAR	
Entered Hobbs From:	Grade Date	GRADE	
Re-Entered Hobbs From:		Reading	
		English	

PHYSICAL EXAMINATION	Important Guidance and Health Notes	GRADES K-6	TEACHER COMMENTS	
Date		Spelling	YEAR	
Grade		Arithmetic		
Posture		Science & Health		
Orthopedic		Social Studies	YEAR	
Eyes		Art	YEAR	
Vision, R.		Penmanship		
Vision, L.		Physical Education		
Ears		Music	YEAR	
Hearing, R.		Band 6	YEAR	
Hearing, L.		Work Habits		
Teeth		Conduct		
Nasal Passage		SCHOOLS ATTENDED THIS YEAR:	Times Tardy	YEAR
Throat		1.	Days Absent	YEAR
Skin		2.	ENTERED M/D/Y	
Heart		3.	WITHDRAWN M/D/Y	
Lymph Nodes		TEACHER	YEAR	
Nutrition		PROMOTED Y/N	YEAR	
Speech Defect		ADVANCED Y/N		
Physician		GRADING KEY		
Nurse		A - Excellent (90-100) S - Satisfactory	YEAR	
TESTS		B - Good (80-89) I - Needs Improvement		
Tuberculin		C - Average (70-79) U - Unsatisfactory		
Chest X-Ray		D - Poor (60-69)		
0 - Satisfactory		F - Failing (below 60)		

IMMUNIZATION - STICK ON TAB