

AFFIDAVIT OF CUSTODIAN OF RECORDS
AS TO AUTHENTICITY OF BUSINESS RECORDS
PURSUANT TO RULE 902(11) FEDERAL RULES OF EVIDENCE

I, Leanne M. White, hereby declare under penalty of perjury, the following statements of fact to be true and correct:

1. I am associated with Santa Clara High School as custodian of records. In this position I have the responsibility for Santa Clara High School's compliance with the trial subpoena duces tecum in the above referenced case which calls for the production of certain documents or tangible things before the Court at a trial, on the date stated in the subpoena.

2. I personally have conducted or supervised compliance by Santa Clara High School with the trial subpoena. To the best of my knowledge, information and belief, based upon due diligence and reasonable inquiry, the documents or tangible things produced hereby or enclosed herewith, and delivered to a law enforcement agent constitute all the documents or tangible things in the possession, custody or control of Santa Clara High School which fall within the terms of the trial subpoena.

3. No documents or tangible things responsive to the trial subpoena have been withheld by Santa Clara High School pursuant to a claim of privilege or otherwise, unless such documents or tangible things are specifically described and referred to by privilege on an attachment to this Affidavit, and incorporated herein as if fully set forth verbatim. No one has directed the destruction of any documents or tangible things responsive to the trial subpoena, and no such documents or tangible things have been destroyed, unless such documents or tangible things are specifically described and referred to by privilege on an attachment to this Affidavit, and incorporated herein as if fully set forth verbatim.

4. The documents made by Santa Clara High School and produced in compliance with the trial subpoena are memoranda, reports, records or data compilations of acts, events, conditions, opinions or diagnoses that were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters, and that have been kept in the course of Santa Clara High School's regularly conducted business activity. It has been Santa Clara High School's regular practice in that business activity to make those memoranda, reports, records, or data compilations. Neither the source of information, nor the method or circumstances of preparation, indicate a lack of trustworthiness for those memoranda, reports, records or data compilations.

5. I understand that the furnishing of these documents or tangible things to counsel for the United States or to Santa Clara High School, in response to the trial subpoena, and the execution of this Affidavit, are at the sole discretion and election of myself and Santa Clara High School, and are in lieu of personally producing the documents or tangible things before the Court, which right to appear is expressly waived.

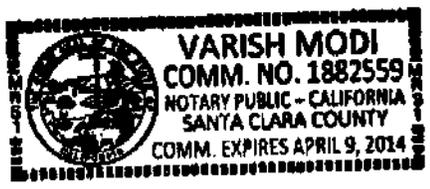
6. I am authorized by Santa Clara High School to execute this Affidavit; I have reviewed all its terms and I have had an opportunity to consult with counsel for Santa Clara High School before signing and swearing to it.

Jeanne Mustille
Printed Name: Jeanne Mustille
Custodian of Records for Santa Clara High School

SWORN TO AND SUBSCRIBED before me this 11 day of May, 2010 at Sunnyvale
CA (Location) by Jeanne Mustille

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Varish Modi
Notary Public VARISH MODI
Printed Name:
Date Commission Expires: 04/09/2014



UNITED STATES DISTRICT COURT
Northern District of Texas

UNITED STATES OF AMERICA

v.

SUBPOENA IN A
CRIMINAL CASE

Case Number: 3:09-CR-294-M

Hosam Maher Husien Smadi

TO: Jeanne Mustile
Santa Clara High School
3000 Benton
Santa Clara, CA 95051
Tel: (408) 423-2600
Fax: (408) 423-2381

YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below, or any subsequent place, date and time set by the court, to testify in the above referenced case. This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

PLACE UNITED STATES DISTRICT COURT 1100 Commerce Street Dallas, Texas 75242	COURTROOM Judge Lynn, Room 1570 <hr/> DATE AND TIME 11/22/2009 at 11:00 a.m.
--	---

YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):

Hosam Maher Husien Smadi's entire cumulative school records, including but not limited to any transcripts, report cards, attendance records, disciplinary records, counseling records, records from previous schools, and information or documentation relating to his school registration.

U.S. MAGISTRATE JUDGE OR CLERK OF COURT <i>Karen Mitchell</i> (By) Deputy Clerk		DATE 11/13/2009
---	---	------------------------

ATTORNEY'S NAME, ADDRESS AND PHONE NUMBER:
DAYLE ELIESON, Assistant United States Attorney
1100 Commerce Street, 3rd Floor, Dallas, Texas 75242
214.659.8600

PROOF OF SERVICE		
RECEIVED BY SERVER	DATE 11-17-2009	PLACE Dallas DL
SERVED	DATE 11-17-2009	PLACE FAXED Santa Clara High School
SERVED ON (PRINT NAME) Jeanne Mustille		FEES AND MILEAGE TENDERED TO WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMOUNT \$ _____
SERVED BY (PRINT NAME) TFO Mitch Bird		TITLE Task Force Officer

DECLARATION OF SERVER	
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.	
Executed on <u>11-17-2009</u> DATE	 SIGNATURE OF SERVER
	<u>One Justice Way</u> ADDRESS OF SERVER
	<u>Dallas, Texas 75220</u>

ADDITIONAL INFORMATION
Requested information was received on 11-19-2009

600



بسم الله الرحمن الرحيم

الجمهورية الأردنية الهاشمية
وزارة التربية والتعليم
مديرية التربية والتعليم لمحافظة عجلون
قسم الامتحانات والاختبارات

١ - آذار ٢٠٠٧

اصلاح على صحة المعلومات
السائلة في هذه الشهادة
مدير شؤون التطوير والمعلوماتية والتعليم

Rd / (1-2)

Ministry of Education
Directorate of Education / Ajloun

ابراهيم علي الصادي

To Whom It May Concern

1017 1295
713 12007

The administration of Abreen Ablean Secondary school certifies that
ISAM MAHER HASBIN SMADI is / was a student in the secondary stage,
in (Science). His / Her results in the subjects/ levels that he / she studied in the First
semester in the academic year 2006 / 2007 were as follows:

Subject	Level	Maximum	Passing Score	Result	
				In Figures	In words
Islamic Education		20	35	35	thirty five
Arabic Language (Ordinary Level)		20	35	44	fourty four
English Language (Ordinary Level)		20	55	49	fourty nine
Computer Studies		20	35	58	fifty eight
Physical Education		100	50	80	eighteen
Mathematics		100	50	51	fifty one
Physics		20	35	35	thirty five
Chemistry		20	35	35	thirty five
Biology		20	35	47	fourty seven
Technology and Environment		20	35	45	fourty five

She is given this certificate upon his / her request.

School Stamp



Name and Signature of school principal

Signature of the school principal



المملكة الأردنية الهاشمية
وزارة التربية والتعليم
مديرية التربية والتعليم لحاكمة عمالون
قسم الاختبارات والامتحانات

٢٠٠٧ - ١

اصلاحات على حصة المعلومات
الاساتذة والمعلمين

ابراهيم علي الصادي

Rd / (3-4)

Ministry of Education
Directorate of Education / A.J. L...



To Whom It May Concern

No 171295
Date 13/12/2007

The administration of Abeen..Ablean..Secondary..School certifies
the student of LOSAM..MAHER..HUSEIN..SMADI is / was a student in the
..... grade, section (A) in the academic year
2006.. His / Her results in the subjects that he / she studied were as
follows:

Subject	Maximum	Passing Score	Result	
			In Figures	In words
Islamic Education	200	100	107	One hundred and seven
Arabic Language	300	150	168	One hundred and sixty eight
English Language	200	100	118	One hundred and eighteen
Mathematics	200	100	107	One hundred and seven
Civics and social studies	200	100	138	One hundred and thirty eight
Science	400	200	266	two hundred and sixty six
Art Education	100	50	83	eighty three
Physical Education	100	50	78	Seventy eight
Vocational Education	100	50	79	Seventy nine
Computer Studies	100	50	64	Sixty four

She is given this certificate upon his / her request .

Official Stamp

Name and Signature of school principal

(Handwritten signature)



Ministry of Education
 Directorate of Education / Ajloun

المملكة الأردنية الهاشمية
 وزارة التربية والتعليم
 مديرية التربية والتعليم - Ajloun
 قسم الامتحانات والاختبارات
 ٢٠٠٧ - ١
 صادق على صحة المعلومات
 الواردة في هذه الشهادة
 مدير عام الامتحانات والاختبارات

Rd / (3-4)



To Whom It May Concern
 ابراهيم علي الصبيح

10171295
 71312007

The administration of Ablean Ablean Secondary school certifies
HASAM MAHER HUSEIN SMADI is/was a student in the
3rd grade, section () in the academic year
2004/2005. His / Her results in the subjects that he / she studied were as
 follows:

Subject	Maximum	Passing Score	Result	
			In Figures	In words
Islamic Education	200	100	134	one hundred and thirty four
Arabic Language	300	150	152	one hundred and fifty two
English Language	200	100	135	one hundred and thirty five
Mathematics	200	100	134	one hundred and thirty four
Civics and social studies	200	100	137	one hundred and thirty seven
Science	200	100	135	one hundred and thirty five
Art Education	100	50	75	Seventy five
Physical Education	100	50	70	Seventeen
Vocational Education	100	50	77	Seventy seven
Computer studies	100	50	75	Seventy five

This certificate is given to him/her upon his/her request.

Official Stamp

Name and Signature of school principal

(Signature)



U.S. Department of Justice
Immigration and Naturalization Service
Office of Investigations

280 South First Street, Suite 190
San Jose, California 95113

September 28, 2009

SUBPOENA

To: Santa Clara High School
3000 Benton Street
Santa Clara, CA 95050

Pursuant to the authority contained in 8 USC 1103, 8 USC 1225, 8 USC 1357, and 8 CFR 287.4, you are hereby commanded to provide the following information and/or documents in connection with an official investigation being conducted under the authority of the Immigration and Naturalization Act relating to:

Hosam Maher Husein Smadi
DOB: 06/05/1990

For the above individual, please provide information to include the following:

- Verification of enrollment
- Any names associated with enrollment
- Addresses associated with enrollment
- Phone numbers associated with enrollment
- Names of family members/emergency contacts, etc.

You may comply with this subpoena transferring all evidence and/or property to the U.S. Department of Homeland Security, Immigration and Customs Enforcement, Office of Investigations, 280 South First Street, Suite 190, San Jose, CA 95113, Attn: Special Agent Kimberly Yen, office: (408) 535-5025 and fax: (408) 535-5183.

You are further commanded to comply with the provision of this subpoena within a period of fifteen working days from the date of service.

Sincerely,

Joseph A. Vincent
Assistant Special Agent in Charge
U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Investigations
San Jose, California

RETURN SERVICE OF SUBPOENA

I hereby certify that on the 28 day of Sept., 2009, I served the above subpoena on the individual/entity named above by:

S. J. Iwanaga
(Name)
S. J. Iwanaga
(Title)

SANTA CLARA HIGH SCHOOL
 3000 BENTON ST
 SANTA CLARA, CA. 95051
 TELEPHONE (408)423-2600 FAX (408)423-2681
 WITHDRAWAL/TRANSFER REPORT

IEP: YES OR NO NO
 RSP: NSDC SSDC
 CELDT: YES OR NO NO

ID.# 44692
 LAST NAME AL Smadi FIRST NAME Hosam
 BIRTHDATE 6/5/90 GRADE 12 GENDER M

PERIOD	SUBJECT	PRG GRADE	FINAL GRADE	TEACHER	TEACHER SIGNATURE
1					
2	EL2 Eng				
3	EL2 Eng				
4	AE Alg IA				
5	AE Civics				
6	math Prep				
7	FOODS				

***** PLEASE INDICATE CHECK OUT GRADES*****

Please sign above and show average grade to date from the beginning of the current semester to the present.

AUTHORIZED BY _____ REASON FOR WITHDRAWAL moved
 WITHDRAWAL DATE: 1/23/08 LAST DAY ATTEN: 1/23/08 BIRTHDATE: _____
 NEW SCHOOL _____ CITY/STATE Texas ZIP CODE _____

CLEARANCE:

ATTENDANCE _____ LIBRARY _____
 (Mrs. Jeri Smith or Mrs. Stella Olmos) (Mrs. Shelby)
 BOOKKEEPER _____ NURSE _____
 (Mrs. Noell Busby) (Mrs. Nelia delaCruz-Chavez)
 COUNSELING _____ REGISTRAR _____
 (Mrs. Sylvia Iwanaga) (Mrs. Virginia Rios)

STUDENT: RETURN COMPLETED FORM TO MRS. RIOS
 *AN OFFICIAL TRANSCRIPT WILL BE SENT ON REQUEST

**SANTA CLARA UNIFIED SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

FOR SCHOOL TO COMPLETE

School SCHS Date 11/14/07 Grade 12 Teacher _____ Room # _____

Open Enrollment Home School # _____ English Learner _____ Student ID # 441692 Family ID # _____

In District Transfer Home School # _____ CELDT Requested _____ Records Requested _____ Date Entered _____

Overload Home School # _____ Birth Certificate Hospital Certificate Baptism Passport

Out of District Transfer District # _____ Dwelling Number _____ Address Verification Utility PG&E Other _____

STUDENT INFORMATION:

Legal Name: Last Al Smadi First Hosam Middle Maher

Name if different from above _____

Male Female US Citizen Yes No

Birthdate 6-5-90 Birthplace: City Irbid, Jordan State _____

IF NOT BORN IN THE US: Country of Birth Jordan Date Entered into the US 03/20/07

Ethnic Origin: Mark all ethnicities that pertain to this student in numerical order (Ex. 1 African American, 2 Hispanic, 3 White-Not Hispanic, etc.).

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Asian American	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Filipino/Filipino American	(Mark ethnic subcode below)	(Mark ethnic subcode below)
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Chinese <input type="checkbox"/> Japanese	<input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian
<input type="checkbox"/> African/African American	<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian
<input checked="" type="checkbox"/> White - Not Hispanic	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Decline to State	<input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian	

STUDENT'S HOME ADDRESS: Student resides with: Father Mother Step-Parent Legal Guardian(s) Other _____

Address 2705 Homestead Rd #17 Unit # _____ City Santa Clara

State CA Zip Code 95051 Home Telephone 408 661 0371

Type of Dwelling: Single Family Apartment Condominium Duplex Fourplex Mobile Home Other _____

Mailing Address (if different from above) P.O. Box _____

Address _____

City/State/Zip _____

RELATIONSHIP TO STUDENT: Father Step-Father Legal Guardian Other _____

Name: Last Name Al Rawwad First Name Patricia Middle Name Michelle

Work Telephone # 408 661 0371 Ext. _____ Cell Phone # _____ Pager # _____

Marital Status: Married Single Divorced Widowed Language Spoken English

Parent Education Level (Please indicate the highest level completed.)

<input type="checkbox"/> Grad School/Post Graduate	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> G.E.D.
<input type="checkbox"/> College Graduate	<input type="checkbox"/> Not a High School Graduate	
<input checked="" type="checkbox"/> Some College (INCLUDES AA degree & "vocational or technical" colleges)	<input type="checkbox"/> Declined to state	

RELATIONSHIP TO STUDENT: Mother Step-Mother Legal Guardian Other _____

Name: Last Name Al Rawwad First Name Khalid Middle Name Ahmad

Work Telephone # 408 736 2411 Ext. _____ Cell Phone # 408 469 9476 Pager # _____

Marital Status: Married Single Divorced Widowed Language Spoken _____

Parent Education Level (Please indicate the highest level completed.)

<input type="checkbox"/> Grad School/Post Graduate	<input checked="" type="checkbox"/> High School Graduate	<input type="checkbox"/> G.E.D.
<input type="checkbox"/> College Graduate	<input type="checkbox"/> Not a High School Graduate	
<input type="checkbox"/> Some College (INCLUDES AA degree & "vocational or technical" colleges)	<input type="checkbox"/> Declined to state	

Student Name Husam Al Smadi ID# _____

ADDITIONAL STUDENT INFORMATION:

HOME LANGUAGE SURVEY:

What language/dialect did the student learn when he/she first began to talk? Arabic

What language/dialect does the student use most at home? Arabic

What language/dialect do you use most frequently to speak to your son/daughter? Arabic/English

What language is spoken most often by the adults in the student's home? Arabic/English

OTHER FAMILY MEMBERS:

Name of other children in the family living in the home:

Birthdate

Relationship to Student

Hussein Al Smadi

6-17-91

Brother

DATE ENTERED U.S. SCHOOLS ___/___/___

DATE ENTERED CALIFORNIA SCHOOLS ___/___/___

PREVIOUS SCHOOLS:

Last School Attended: _____ School District _____

School Address: _____ City/State _____

Phone # _____ FAX # _____ Date left previous school ___/___/___

Has your child previously attended a Santa Clara Unified School? Yes No If "yes" please fill out below.

School _____ Date left ___/___/___

HAS YOUR CHILD EVER BEEN RETAINED? Yes In GRADE _____ EVER BEEN EXPELLED? No Yes

SPECIAL PROGRAMS: Please check if this student has received any special services or participated in any of the following:

ELL/Bilingual Program Gifted and Talented Migrant Education IEP Resource Specialist

Special Day Class Speech/Language Title I Other _____

My child has a Special Education Assessment in Progress at his/her previous school

NON-CUSTODIAL PARENT OR JOINT CUSTODIAL PARENT:

Relationship to student: Father Mother Other Guardian

Last Name Al Rowwad First _____ Middle _____

Address 2705 Homestead Rd #17 city Patricia State CA Zip 95051

Home Phone # 408 661 0379 Work Phone # _____ Cell Phone # _____ Pager # _____

Marital Status: Married Single Divorced Widowed Language Spoken English

The information on these registration pages is true and correct.

Parent/Guardian's Signature [Signature] Date 5/13/11



Santa Clara High School

SANTA CLARA UNIFIED SCHOOL DISTRICT
3000 Benton Street
Santa Clara, CA 95051
(408) 423-2600

David Grissom
Principal

"To prepare every student to succeed in an ever-changing world"

First Notification of Truancy or Excessive Absences

January 7, 2008

Dear Parent/Guardian of **Hosam Al Smadi** (ID# 44692),

This letter is to inform you that your child, **Hosam**, in the 12th grade, is considered a *truant*.

Unjustified Absences

Education Code Section 48260 – Any pupil subject to full-time education who is absent from school without valid excuse more than *three days or tardy in excess of 30 minutes* on each of three days in one school year is a truant and shall be reported to the attendance supervisor of the superintendent of the school district.

Education Code Section 48260.5

- A) Upon a pupil's initial classification as a truant, the school district shall notify the pupil's parent/guardian, by first-class mail or other reasonable means, of the following:
- (1). That the pupil is truant.
 - (2). That the parent/guardian is obligated to compel the attendance of the pupil at school.
 - (3). That the parents/guardians who fail to meet this obligation may be guilty of an infraction and subject to prosecution pursuant to Article 6 (commencing with Section 48290) of Chapter 2 Part 27.
- B) The district also shall inform parents/guardians of the following:
- (1). Alternative educational programs available in the district.
 - (2). The right to meet with appropriate school personnel to discuss solutions to the pupil's truancy.
 - (3). The student may be subject to arrest under *Education Code* § 48264.
 - (4). The student may be subject to suspension, restriction, or delay of his/her driving privilege pursuant to *Vehicle Code* Section 13202.7.
 - (5). That it is recommended that the parent or guardian accompany the pupil to school and attend classes with the pupil for one day. (Added Statutes, 1983, Chapter 498)

Excessive Excused Absences and Tardies

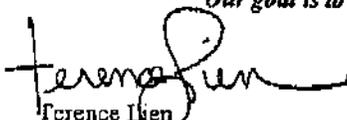
Truant, unverified, unexcused, excessive excused absences, tardies affect the student's education and increase the chances for failure. Tardies interrupt the classroom and interfere with the learning environment for all students. Please discuss this issue with your child.

A meeting has been set up for you and your student to attend:

English – Thursday, January 24, 2007 – 3:30PM
English/Spanish – Thursday, January 24, 2007 – 4:30PM

Additional unexcused absences will result in a declaration of habitual truancy. You will be notified of any additional truancy report that is filed. In the event that your child's attendance problem is not resolved and it is necessary to file a declaration of habitual truancy, a request for legal action may result.

Our goal is to educate your child. We cannot be successful if your child is not in school.


Terence Lien
Vice Principal

cc: District, CUM Folder, Attendance File

Vice Principals

• Jennifer Baldwin • Lynne Ewald • Terence Lien • Gregory Shelby

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49088 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.



Student Name: HOSSAM M AL SMADI

Sex: M F

Birthdate: 6/6/1990 Place of Birth: _____

Name of Parent or Guardian: Khaldoon Al Rowwad

Address: 2705 Homestead Road #17

Telephone: (408) 661-0371

City: San Jose

Zip: 95051

Daytime _____ Nighttime _____

Other: UNKNOWN CODE

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IPV)	11/06/2007 IPV	1/11/08			
DTP/DTPa/DTP/d (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	11/06/2007 Tdap	1/11/08			
MMR (Measles, mumps, and rubella)	11/06/2007 MMR1	1/11/08			
HIB (Required only for child care and preschool.)					
HEPATITIS B	11/06/2007 HBV	1/11/08			
VARICELLA (Chickenpox)	11/06/2007 VZV	1/11/08			
HEPATITIS A (Not Required)	11/06/2007 HAV	1/11/08			

Td Booster

TB SKIN TESTS	Type*	Date Given	Date Read	mm Indur	Impression
	<input checked="" type="checkbox"/> PPD-Mantoux	11/6/2007	11/9/2007	0	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg
	<input type="checkbox"/> Other				
	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> Other				

*If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY (Necessary if skin test positive.)
 Film date: ____/____/____ Impression: normal abnormal
 Person is free of communicable tuberculosis: yes no

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES
 IMMUNIZATION BRANCH

I. DOCUMENTATION
 I certify that I reviewed a record of this child's immunizations and transcribed it accurately.
 Date: 11/16/07
 Staff Signature: _____

Record presented was:
 Yellow California Immunization Record
 Out-of-state school record
 Other immunization record

CALIF Immunization Registry
 Specify: #1687457 11/20/2007

II. STATUS OF REQUIREMENTS
 A. All requirements are met.
 Date: ____/____/____

B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:
 C. Medical Reasons - Permanent
 D. Medical Reasons - Temporary
 E. Personal Beliefs

III. 7TH GRADE ENTRY
 A. All Requirements are met.
 B. Currently up-to-date, but more doses are due later. Needs follow up.
 Name: _____ Date: _____
 Name: _____ Date: _____

Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial) Aismadi, Itossam M		NUMBER
BIRTH DATE 10/5/90	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	KNOWN REACTIONS TO VACCINES/ALLERGIES PRACTICE NAME/ADDRESS
VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one) <input type="checkbox"/> CHDP/Med-Cal eligible <input type="checkbox"/> No health insurance <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> (Only federally qualified and rural health centers) Health resources does not cover US <input type="checkbox"/> Not eligible		

If a combination vaccine (e.g., DTP+IPV+HepB or HepB+Hib) is used, record dose in each section.

DTaP/DT/d	Transcribed By:	IM	IPV 1	Transcribed By:	SC
1 11/6/07	Indian Health Center of SC		11/6/07	Indian Health Center of SC	
2 11/11/08	U1954CD 12/3/08 AG	LD 6/94	11/11/08	A0126 2/9/09 AG	RD 1/00
3					
4					
5					
Td Boosters (over)					
HepB 1	Transcribed By: Indian Health Center of SC		Varicella 1	Transcribed By: Indian Health Center of SC	SC
11/6/07			11/6/07		
HepB 2	A14BV13300AA 3/21/08 AG	RD 7/7	Varicella 2	1503U 9/18/09 AG	SC L 1/01
11/11/08			11/11/08		
HepB 3			HepA 1	Transcribed By: Indian Health Center of SC	IM
			11/6/07		
HIB 1			HepA 2	A14BV1324AA 4/3/10 AG	IM LD 3/06
			11/11/08		
HIB 2			Meningo-coccal	Transcribed By: Indian Health Center of SC	SC
			11/6/07		
HIB 3					
HIB 4					
Pneumo Conj 1			TB SKIN TESTS		
			DATE GIVEN	TYPE	DATE READ
Pneumo Conj 2				<input type="checkbox"/> Mantoux <input type="checkbox"/> Other	<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)
Pneumo Conj 3				<input type="checkbox"/> Mantoux <input type="checkbox"/> Other	<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)
Pneumo Conj 4				<input type="checkbox"/> Mantoux <input type="checkbox"/> Other	<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)

Santa Clara High School

3000 Benton Street

Santa Clara California 95051

(408) 423-2600

HEALTH INFORMATION

Many students have physical conditions and/or health problems that need special consideration. Arrangements can generally be made that benefit you if such conditions are known. Please fill out this form carefully..it will help us to help you.

44692
Student# ~~44692~~ Today's Date 10-30-07
Name: Wesam AlSawadi Home Phone# 4086610371
Date of Birth: 10-30-07 Age: 17 Sex: M Grade 12
School last attended Pakistan Address _____
City _____ State: _____ Zip _____

If out of the country, date of entry to the United States _____

Do you have any of the following problems?

Asthma	Yes ___ No <input checked="" type="checkbox"/>	Heart Trouble	Yes ___ No <input checked="" type="checkbox"/>
Allergies	Yes ___ No <input checked="" type="checkbox"/>	Hearing Difficulty	Yes ___ No <input checked="" type="checkbox"/>
Diabetes	Yes ___ No <input checked="" type="checkbox"/>	Speech Difficulty	Yes ___ No <input checked="" type="checkbox"/>
Epilepsy	Yes ___ No <input checked="" type="checkbox"/>	Vision Difficulty	Yes ___ No <input checked="" type="checkbox"/>

Do you have any limitations in physical education? Yes ___ No

If so, what are your limitations?

Do you wear glasses or contacts? Yes ___ No

Are you in good health? Yes No

Are you taking any medication? Yes ___ No

If yes, what medication(s) are you taking?

When did you last see a doctor? 11-2 Why: in limitations

DOCTOR'S NAME Valley Health Center Health Insurance N/A

Santa Clara High School
 3000 Henton St
 Santa Clara CA 95051

SANTA CLARA UNIFIED
 SANTA CLARA HIGH SCHOOL
 1ST SEMESTER FINALS
 FROM:08/28/2007 TO:01/18/2008

c/o

1/01/06
 Student: Al Smadi, Rosam M
 ID #: 000044692
 Dist: 1000
 Sch: 54
 GR: 12
 Printed: 02/12/2008
 REPORT CARD

Course-Seq	Title	Teacher	Term	Grades						KSS	TDY	Comments
				BI	CI	DI	FI	GI	HI			
255205 214	AE A/G 1A P	HORNITZ M	FL							9		
355540 315	AE ECON	COSTA P	FL							10		
755200 716	CAREER MATNPREP	DEASO C	FL							10		
150105 122	HL2 ENGI P	MELONIC M	FL							6		
676000 617	FOODS COOKING	HANSEN R	FL							10		
GR Period	1	2	3	4	5	6	Total					
Absence	0.0	9.0					9.0					
Party	0	10					10					
David Grisham	Principal	Schul Photo	Counselor	423-2600								

Hosam M Al Smadi
 2705 Homestead Rd Unit 17
 Santa Clara CA 95051

Cumulative	1.500
Period GPA	1.500
09-12 AGPA	1.500
YTD GPA	1.500

0: Outstanding
 N: Need Improve
 S: Satisfactory
 U: Unsatisfactory

KID WINTER BREAK PER 18TH THRU PER 22ND

Santa Clara High School
 3000 Benton St
 Santa Clara CA 95051

SANTA CLARA UNIFIED
 SANTA CLARA HIGH SCHOOL
 1ST SEMESTER FINAL
 From: 08/28/2007 To: 01/18/2008

40 1/23/08

1/01/08

Student		A1 Smedt, Rosam M	
ID #	Dist	Schl	
000044692	1000	64	
Grades			
ABSI		TODY	
9			
10			
10			
6			
10			

REPORT CARD

Comments

Course-Sec	Title	Teacher	Term	SI	OT	OT	ABSI	TODY	Comments																																								
255305 214	AE ALG 1A F	HORNITZ M	FL	P			9																																										
355440 315	AE ECON	COSTA P	FL	C-			10																																										
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676000 617	POODS COOKING	HANSEN R	FL	P			10																																										
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MID WINTER BREAK FEB 18TH THRU FEB 22ND