

**[PROVISIONAL TRANSLATION FROM PERSIAN]**

[Translator's notes appear in square brackets [ ].]

In the Name of God

Number: 17/1833/M

Date: 30/9/85 [21 December 2006]

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[Stamped:] CONFIDENTIAL

From: Education Department Management Security Office, Shíráz, Region 1

To: All urban and rural education units \* Síyákh Dárnigún [one of the localities in Shíráz],  
representative

Greetings,

With respect, further to the circular letter number 17/1067/M – 15/7/85, the following form is submitted for recording the information of students who belong to religious minorities and the perverse Bahaist sect. We request that, after completion, it be returned to this office for necessary use.

[Closing remarks],

[Signed:] Education Department Management Security Office, Shíráz, Region 1

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Registration form for students of the city of Shíráz, Area 1, Region 1 \* Academic year  
1385–1386 [2006–2007]

1. Student's personal information

Name:	Family name:	Father's name:
Date of birth:	Identification card number:	Place of issue:
Nickname:	Type of degree:	Name of training institute:
Class:	Branch:	
Religion:	Christian <input type="checkbox"/>	Jew <input type="checkbox"/>
	Zoroastrian <input type="checkbox"/>	Perverse Bahaist sect <input type="checkbox"/>

## 2. Information of family members:

	Father	Mother	Siblings in order of age					
			First	Second	Third	Fourth	Fifth	Sixth
Given name and family name								
Age								
Education								
Profession								
Place of work								

If parents are self-employed, provide a detailed explanation.

3. Last year's place of education:                      City                      Area                      Region

4. Emergency telephone numbers:

Telephone number:              Name of the owner of the telephone:              Relationship to you:

5. If parents are deceased or divorced, provide the date.

6. If you use [pickup] services

Name of the driver:                      Number of the [pickup] service:

7. If the parents are employed after retirement, provide the exact place of work.

8. Telephone number of the place of work and cellular telephone of parents:

9. Home address:

Home telephone number:                      Postal code:                      Clear map to your house:

Name and family name of the manager of the training institute.

Signature of the manager and the stamp of the training institute.