

THE BLIND.

- I. Any child totally blind, not subject to fits.
- II. Any child partially blind whose sight is too defective to permit of his receiving instruction in the public schools.

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The following questions must be answered and attested by the Minister of the Church to which the child or its parents belong, and by a Medical Practitioner :—

1. State name of child in full.
2. When and where was——born ?
3. Was——born deaf or blind, or at what age did——become deaf or blind ?
4. By what disease or accident did——become so ?
5. Is the above the physician's opinion ?
6. Is the deafness or blindness total or partial ?
7. Have any attempts been made to remove the deafness or blindness, and if so, by whom and with what result ?
8. Has——attended any school or had any instruction ?
9. Is there any ability to articulate or read the lips ?
10. If deaf does——make any intelligible signs or give proofs of memory ?
11. Has——ever had any acute disease or received any bodily injury ?
12. Has——had epilepsy, cholera or paralysis ?
13. Has——been vaccinated or had small-pox ?
14. Has——had scarlet fever ?
15. Has——had measles ?
16. Has——had mumps ?
17. Has——had whooping cough ?
18. Is——generally healthy ?
19. Can——dress and wait on —— ?
20. Are——personal habits cleanly ?
21. What is the name, also occupation of father ?
22. Where was he born ?
23. What is the name of mother ?

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