

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.

* 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 :—

* For Application Forms for Children of DEFECTIVE SPEECH apply to the Superintendent.

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, 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 ?
24. Where was she born ?
25. Of what religion are parents ?
26. What is the present address of the father ?
27. Were the parents cousins, or in any way related ?
28. Are there any other cases of deafness or blindness in the family, either in relatives or ancestors ?
29. What are the parents able to pay per year. for board and tuition ?
30. Do you know of any other deaf or blind child in your district ?