

* 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 ?
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 ?

• For Application Forms for Children of Defective speech apply to the Superintendent.