|                  |     |             |          |                           | 1.           | 303      | )           |          |  |          |         |                  |
|------------------|-----|-------------|----------|---------------------------|--------------|----------|-------------|----------|--|----------|---------|------------------|
| NAME. Carl Grant |     |             |          |                           | TRIBE. 13 03 |          |             |          | HOME ADDRESS  Lada, after arrival.  MITORY. OUTING SPECIAL REMARKS |          |         |                  |
| DATE ENROLLED.   |     |             | TERM.    |                           |              | A        | GE. /       | HON      | IE ADDRESS   | S        | -       |                  |
| Oct.             | 24  | 409         | - 6      | wa                        | N se         | uf       | ho.         | me       | da   | 1. a     | fte     | r arrival!       |
| DATE OF RECORD   | ACA | DEMIC DEPA  | RTMENT.  | T. INDUSTRIAL DEPARTMENT. |              |          | DORMITORY.  |          |  | OUTING   |         | SPECIAL REMARKS. |
|                  | NO. | Scholarship | Conduct. | Shop.                     | Ability.     | Conduct. | Room<br>No. | Neatness | Conduct.   | Ability. | Conduct |                  |
|                  |     |             |          | 883                       |              |          |             |          |  |          |         |                  |
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NAME AT CARLISLE

1303. REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

441037 3M-4-09

| PRESENT NAME |                        |         |            |                   |       |  |  |  |  |  |
|--------------|------------------------|---------|------------|-------------------|-------|--|--|--|--|--|
| DATE         | INFORMATION<br>THROUGH | ADDRESS | OCCUPATION | ITEMS OF INTEREST | GRADE |  |  |  |  |  |
|              |                        |         |            |                   |       |  |  |  |  |  |
|              |                        |         |            |                   |       |  |  |  |  |  |
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