

3563

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2271 2612	ENGLISH NAME Cecilia Duscham	AGENCY Flathead	NATION Pind O'Reille
BAND	INDIAN NAME	HOME ADDRESS Ben Duscham Coleon, Montana	

PARENTS LIVING OR DEAD	BLOOD 3/8	AGE 16	HEIGHT 4-10 ³ / ₄	WEIGHT 110 ¹ / ₂	FORCED INSP. 33	FORCED EPXR. 31	SEX. F.
FATHER, L	MOTHER, D						

ARRIVED AT SCHOOL March 2, 1911	FOR WHAT PERIOD Three years	DATE DISCHARGED June 4, 1914	CAUSE OF DISCHARGE Time out
------------------------------------	--------------------------------	---------------------------------	--------------------------------

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
5-2-11	Chas. Stouffer, Gettysburg, Pa.	6-14-11
9-2-11	J. J. Conly, Glenside, Pa.	8-30-12
9-12-12	Mrs Geo Weaver, Glenside, Pa.	8-29-13

THE SHAW-WALKER CO., MURKESH. 79104

Months in school before Carlisle, 12

Trade entered at Carlisle,

Trade at date of Discharge,

Trade or Industry,

Church, Catholic

Miles to school - 4¹/₂

NAME *Cecelia Blucharm* Sex ~~Male~~ Female.
 Tribe ^{Full} _{1/4} *Kootenia* State *Montana* *Febr 26th*, 19*11*

Age *16* years Respiration *22* Condition of, Eyes *Healthy strabismus*
 Height *4 ft. 11 1/2 ins.* Mensuration { Insp. *32 1/2* Ears *Healthy*
 Weight *111* lbs. { Exp. *29* Throat *Healthy*
 Temperature *98 3/5* Vaccination *yes* Cervical glands *Normal*
 Pulse *84* Vision *glasses worn.* Skin *slight Impetigo cont. in left cheek.*
 Inspection *Robust subnormal.*
 Palpation *normal*
 Percussion *normal*

Auscultation *normal*

Heart *normal.*

(Menstruation) *Regular + natural.*

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<i>53</i>	<i>good</i>		
Mother			<i>38</i>	<i>Accidentally shot.</i>
Brothers <i>3</i>	<i>20</i>	<i>good</i>	<i>2 yrs</i> <i>gone.</i>	<i>diphtheria</i> <i>not known.</i>
Sisters <i>2</i>	<i>17</i>	<i>good</i>		
	<i>12</i>	<i>good</i>		

Personal history *never has had any sickness except La Grippe.*

Present condition *Healthy. good*

John A. Hichelmeau, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

043

NAME OF PUPIL *Ducharme Lucilia* DATE *Feb. 11*

AGE *16* YEARS NEW RETURNED STUDENT. TRIBE *Onondaga* SCAPED *March*

DEGREE OF INDIAN BLOOD *1/4*

INSPECTION *Well developed*

PALPATION *normal*

PERCUSSION *dull at right apex*

AUSCULTATION { RESONANCE *normal*
RESP. MURMUR *diminished right apex*

HEART SOUNDS *normal*

MENSURATION { INSP. *33* RESPIRATION *18* PULSE *92*
Exp. *31*

TEMPERATURE _____ degs. HEIGHT *4* FT *103/4* IN. WEIGHT *110 1/2* LBS.

VISION _____ VACCINATION *Good scar*

MENSTRUATION *regular*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>Yes</i>	<i>good</i>		
MOTHER			<i>Yes</i>	<i>accident</i>
BROTHERS	{ <i>3</i>	<i>1</i>	<i>2</i>	
SISTERS	{ <i>2</i>	<i>2</i>	<i>0</i>	

PERSONAL HISTORY: *General Health Good*

REMARKS:

343

5-192 a.

BRIEF.

APPLICATION OF

Ben Ducharme

FOR THE ENROLLMENT OF

Cecilia Ducharme

IN THE INDIAN SCHOOL AT

Carlisle, Penn.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Flathead

Date of enrollment, *Feb. 24*, 19*01*

Term of enrollment, *Three* (*3*) years.

NAME OF COLLECTING AGENT:

Karl Knudsen

Position, _____

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle Penn.

of Cecilia Duseharm; Female; date of birth Feb. 5 - 1895;

(Name of child.)

(Sex.)

Kootenai

(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Ben Duseharm</u>	<u>Living</u>	<u>Ind O'Reille</u>		<u>One fourth</u>
NAME OF MOTHER.				
<u>Caroline Ashley Duseharm</u>	<u>Dead</u>	<u>Kootenai</u>		<u>One half</u>

I, Ben Duseharm, do hereby voluntarily consent and agree to her

(Parent, guardian, or next of kin.)

enrollment in said school for a period of Three years, and also obligate myself to abide by all the rules and regulations for Indian schools.

(Not less than 3.)

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
<u>Agency, Flathead</u>	<u>1903</u>	<u>1904</u>	<u>Enrolled for 1 year</u>	
<u>Ursuline Sisters</u>	<u>1904</u>	<u>1911</u>	<u>Transferred to Carlisle</u>	<u>7th</u>
3.				
4.				

Ben Duseharm
(Parent, guardian, or next of kin.)

P. O. address: Polson

Two witnesses:

Isaac Hawley
W. G. Brown

Montana

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find her to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This 26th day of February, 1901

John H. Heidelman
Physician at Flathead Agency.

CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true; that the consent of Ben Ducharme was voluntary, and I recommend the transfer of the said child. (Parent, guardian, or next of kin.)

This 26th day of Febry, 1901

Frank C. Morgan
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found _____ to be _____
(As soon after arrival as possible.)

I therefore recommend that the said child be _____ enrolled in this school.
This _____ day of _____, 190_____
School Physician.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

The rules provide that—

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

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Visit made Nov. 12-1922.

REPORT OF Acilia Ducharme pupil of Carlisle IndianSchool, who went Sept. 12-73 to live with Mrs. G. W. Weaverof Glenside, MontgomeryPenn., Glenside Railroad StationConduct ExcellentHealth ExcellentAbility Very goodCleanliness Very neat and cleanEconomy Seems to be carefulSituation of Room 3d floorCondition of Room ExcellentCondition of Clothing Very good

Wages

Are careful accounts kept by patron? yes

Are careful accounts kept by pupil?

Number of days at school Began first week in OctoberDistance to school 3 squaresGrade or quality of school Graded Town schoolName and address of teacher Mrs. C. Bugh, Exfield, Pa.Qualifications of teacher Millersville Grad.In what grade was pupil at Carlisle? Room 8In what grade is pupil at present? Seventh W.Attends what church and Sunday school? Catholic; Family ReformDistance to church Very short distanceIs there a Catholic church in locality? yesWho compose patron's family? Mrs. + Mrs. Weaver, Mrs. Weaver's sister, Mrs. Weaver'sWhat other help is employed? Washing, ironing done. Daughter + her husband.Locality of home TownHome life and environments Apparently good

Trade at school

Nature of work Quil helperPupil's age 16 Experience Considerable

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

[The page contains horizontal dashed lines for writing, which are faint and difficult to read.]

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REPORT OF Cecilia Suchan pupil of Carlisle Indian School, who went Aug. 29/1911 to live with S. S. Conley of Glenside Pa. Mont. Penn. Glenside Pa. Railroad Station

Conduct Gen-good

Health Good

Ability "

Cleanliness "

Economy "

Situation of Room 3rd floor

Condition of Room Good

Condition of Clothing "

Wages 6⁰⁰ when wd. in school.

Are careful accounts kept by patron? Yes.

Are careful accounts kept by pupil? No.

Number of days at school 16

Distance to school 2 blocks.

Grade or quality of school Grammar

Name and address of teacher Miss E. H. Huber

Qualifications of teacher Excellent

In what grade was pupil at Carlisle? 7th

In what grade is pupil at present? "

Attends what church and Sunday school? Cath.

Distance to church 1 block.

Is there a Catholic church in locality? Yes.

Who compose patron's family? Mrs. C. 2 da. + mic. all gen.

What other help is employed? None. Laundry put out.

Locality of home Town.

Home life and environments Excellent

Trade at school "

Nature of work Gen. helping

Pupil's age 16 Experience 8 mos.

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

An objection - Purin + mother - an ex-
Alfunt - from Kupa - says C. is Katsjochy
she is a little careless, tries + is subpar-
ing. She refused to Calile for a week -
a week when she returns she was
discouraged + unhappy for a time. She
has been doing better lately.

Teacher says C. started school Nov-6 -
works in anth. - up in other studies -

Amant - H. Approach - H.

C. likes her home + school.

W. V. Gaillet

Field Agent

Nov-29-1911

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REPORT OF Cecelia De Charme pupil of Carlisle Indian
 School, who went Sept- 1912 to live with Mrs. Geo. H. Weaver
(Date) (Patron)
 of Glenside, (Post Office), (County)
Glenside (State) Railroad Station

Conduct vg
 Health vg
 Ability vg
 Cleanliness good
 Economy good
 Situation of Room good
 Condition of Room vg
 Condition of Clothing vg
 Wages \$5- per mo.
 Are careful accounts kept by patron? yes
 Are careful accounts kept by pupil? -
 Number of days at school Still goes to school, June 11
 Distance to school
 Grade or quality of school 7th
 Name and address of teacher
 Qualifications of teacher
 In what grade was pupil at Carlisle?
 In what grade is pupil at present?
 Attends what church and Sunday school? yes
 Distance to church
 Is there a Catholic church in locality?
 Who compose patron's family? Father, Mr. Weaver, his sister, his daughter, and
 What other help is employed? her husband. - laundress
 Locality of home
 Home life and environments
 Trade at school
 Nature of work gen. asst-
 Pupil's age 14 Experience ex.

O.K.

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

A series of horizontal dotted lines provided for writing a general statement or wishes of the patron or pupils, along with the Agent's estimate of the place, people, and pupil.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... *George W. Weaver, Etnowide, Pa.*

Pupil's name..... *Cecilia Ducharme.*

General health of the pupil..... *Good*

Has pupil been ill the past two months?..... *No.*

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?..... *No.*

For how long has he had it?.....

Give the pupil's weight..... *125 lbs*

Has the pupil any trouble with the eyes?..... *No.*

Are the eyelids inflamed?..... *No.*

Remarks:.....

Date..... *January 1st, 1913*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

out
This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... *Amanda E. Rowley*

Pupil's name..... *Belia Ducharme*

General health of the pupil..... *Good*

Has pupil been ill the past two months?..... *No*

Name of disease..... *not any*

Name and address of the physician in attendance..... *none at all*

Does the pupil have a cough?..... *No*

For how long has he had it?..... *not at all*

Give the pupil's weight..... *125 lbs*

Has the pupil any trouble with the eyes?..... *not since Dr. Fox attended*

Are the eyelids inflamed?..... *(No)* *(to stream)*

Remarks: *she was not feeling very well on return of her trip to Louisville being somewhat nervous but is all right now so I did not send her to school but will send after Teacher*

Date *10th Mo 31 1911* *Institute is over*

PUPIL'S HEALTH REPORT.

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Patron's name and address *George W. Weaver.*

Pupil's name *Lucilia Ducharme.*

General health of the pupil *Good.*

Has pupil been ill the past two months? *No.*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *No.*

For how long has he had it?

Give the pupil's weight *125 lb.*

Has the pupil any trouble with the eyes? *No.*

Are the eyelids inflamed?

Remarks:

Date *March 1st 1913.*

NAME Cecilia Ducharme Sex ^{Male.} Female.

Tribe ^{Full} 3/8 Poudre Riville State Montana Aug 22, 1911

Age 16 years Respiration _____ Condition of, Eyes O.K.

Height 4-11 ins. Ears O.K.

Weight 125 lbs. Mensuration { Insp. 35 Exp. 32 Throat Tonsils enlarged

Temperature _____ Vaccination To be revaccinated Aug-22-11 Cervical glands O.K.

Pulse _____ Vision _____ Skin O.K.

Inspection Well developed

Palpation O.K.

Percussion Note normal

Auscultation Good

Heart Acc. of 2nd aortic. otherwise strong

(Menstruation) Normal

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>Yes</u>	<u>Good</u>		
Mother			<u>Yes</u>	<u>was killed</u>
Brothers	<u>2</u>		<u>2</u>	<u>Diphtheria</u>
Sisters	<u>2</u>		<u>1</u>	<u>?</u>

Personal history _____

Present condition _____

June H. ..., M. D.

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6-1955

PUPIL'S HEALTH REPORT.

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Patron's name and address George W. Weaver.

Pupil's name Becilia Ducharme.

General health of the pupil Good.

Has pupil been ill the past two months? No.

Name of disease ~~~~~

Name and address of the physician in attendance ~~~~~

Does the pupil have a cough? No.

For how long has he had it? ~~~~~

Give the pupil's weight 120

Has the pupil any trouble with the eyes? No.

Are the eyelids inflamed? ~~~~~

Remarks: ~~~~~

~~~~~

~~~~~

~~~~~

~~~~~

Date July 1st 1913.

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... *George W. Weaver. Glenside.*

Pupil's name..... *Cecilia Ducharme.*

General health of the pupil..... *Good.*

Has pupil been ill the past two months?..... *No.*

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?..... *No.*

For how long has he had it?.....

Give the pupil's weight..... *120 lbs.*

Has the pupil any trouble with the eyes?..... *No.*

Are the eyelids inflamed?.....

Remarks:.....

.....

.....

.....

.....

Date..... *May 1st 1913.*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

NO.

United States Indian School Hospital

Carlisle, Pennsylvania

YEAR 1914

TRIBE

FULL. ONE

NAME Beccia Ducharme

AGE

DIAGNOSIS Tonsillotomy

ADMITTED Feb, 19, 1914

DISCHARGED Feb, 21, 1914

RESULT Recovered

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

Dr. Penntorff

REMARKS:

Case No. _____

DIAGNOSIS

Insultatory

Revise _____

Notes of Case

Name *Cecilia Ducharme*

Age _____ S.M.W.

Nativity _____

Occupation _____

Residence _____

Date of admission *Feb. 19-1914*

Diet

Treatment

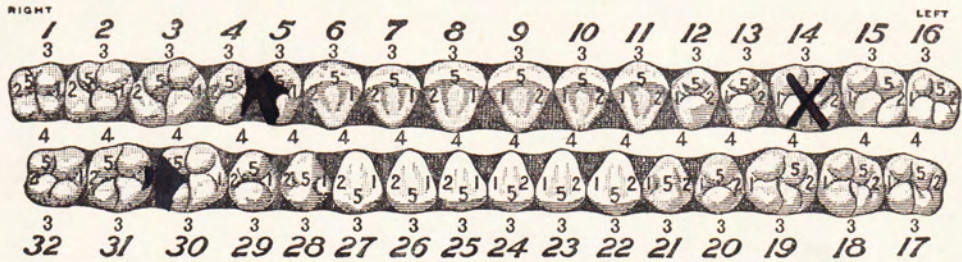
Result _____

	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
BOWELS NUMBER OF movements	0		1	1																																		
Urine Daily Amt	1	1	1	1	1																																	
F.																																						
107°																																						
106°																																						
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95°																																						
Day of Dis.	1	2	3																																			
Pulse.	64	66	67																																			
Resp.	17	18	18																																			
Date.	19	20	21																																			

C.
42°
41°
40°
39°
38°
37°
36°
35°

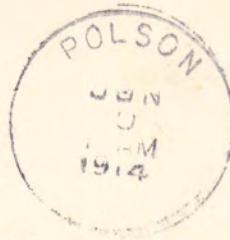
PUPIL'S DENTAL RECORD.

Name Cecelia Ducharme Age 17 Sex F
 School Carlisle Indian Training
 Date of examination October 6th 1913, 191



NO.	SUB. NO.	CONDITION OF TEETH, AND WORK REQUIRED.		WORK ACTUALLY DONE.	DATE, 191
30	2-5	Fair	Filling	Amalgam	10/6/13
31	1		Filling	Amalgam	10/6/13
14	---		Extraction	Extraction	10/6/13
5	5-2-3		Filling	Amalgam	10/8/13
47	1		Filling	Amalgam	10/8/13
			Cleaning	Cleaning	10/9/13

Department of the Interior.

The SuperintendentUnited States Indian SchoolCarlislePennsylvania

6-3305

343 June 9-1914.
 Supervisors Lippe,
 I wish to
 tell you of the safe
 arrival of my daughter
 Cecilia. With sincere
 thanks I am,
 yours truly,
 Ben Ducharme,
 Polson, Mont.

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May 25th, 1914.

Mr. Ben Ducharme,
Polson, Montana.

My dear Sir:

This is to inform you that your daughter Cecelia will be entitled to return to her home at the close of school this week and that arrangements are being made to have her leave here on June the 4th with the other girls who will start for their homes on that date.

At Cecelia's request transportation to Somers will be provided for her use and she has assured me that she can then take the boat from there to your home.

Hoping that you will find it convenient to notify me when Cecelia has arrived at your home, I remain,

Very truly yours,

HKM.

Supervisor in Charge.

Copy to Superintendent Morgan.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Mont. 343

Name of Student

Cecilia Ducharme

Home Address

Ben Ducharme, Tolson

Tribe

Age at Entrance

Date of Entrance

Shop

JAN. FEB. MARCH APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. TOTAL OR AVERAGE
 July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June

Patron

Locality

Days in School

Mrs. C. B. Stauffer

Address

R. R. Station

Conduct

Gettysburg, Pa.

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing

5-2-'11

Date Returned

6-14-'11

Wages

Earnings

Mrs. S. S. Comley
 Glenside, Pa.

9-2-'11 8-30-'12
 Mrs. Geo. W. Wearer
 Glenside, Pa.

9-12-'12 8-29-'13

17 14 21 18 21 10
 v.g. y v.g. y q. q y y y y
 q. v.g. y v.g. v.g. q y y y y
 q. q. y. y " q y y y y
 6. 6. 1.50 3. 7. 7.

31 16 22
 y. y. y y y y y
 v.g. y. y y y y y
 " y. y y y y y

7. 7. 2. 4.

3563

NAME <i>Cecelia Ducharme</i>			TRIBE <i>Gen'd O'Riille</i>			PARENT OR GUARDIAN <i>Ben Duseharm</i>						
DATE ENROLLED <i>March 2, 1911</i>			TERM <i>Three years</i>			AGE <i>16</i>		HOME ADDRESS <i>Polen, Mont.</i>				
DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct	

