Ellen Lundquist, who was graduated from this institution last spring and who is now a teacher in the Otoe Boarding School in Oklahoma, writes that she finds her work very congenial but that the weather down there is almost too hot for comfort.

Ellen Lundquist, who graduated from Carlisle last spring, is now teaching in the Otoe school in Oklahoma.

# 537

## Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

| Ttoe, Okela, 17, th. 1911.   |
|--|
| NAME Ellew L. Lindquist  |
| 1. Are you married and if so to whom? And mot                                |
| married,   |
| 2. What is your present address? Otol, Oklahoma,                             |
| 3. Did you attend or graduate from any other schools after leaving Carlisle? |
| schools and dates if possible  |
|  |
|  |
|  |
| 4. What is your present occupation? Italiang                                 |
| 0 - 1 -  |
| 5. Tell something of your present home and my many                           |
| teacher as Tol, Okela Indian   |
| School) My work is pleasant + I ingetting along                              |
| 6. What property in the way of land, stock, buildings, or money do you have? |
|  |
| 1  |
| 7. Have you been in the Indian Service? In what positions? How long in each? |
| year in my present position.   |
|  |
|  |

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|----|------------------|------------------|--------------|---------------|------|-------------|
|    |                  |                  |              |               | v    |             |
|    |                  |                  |              |               |      |             |
| 9. | Tell me anything | else of interest | connected wi | th your life: | 4.1  |             |
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Department of the Interior.



| Mr. | M. | Friedman |
|-----|----|----------|
|-----|----|----------|

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

Remarks:

| 637 Dec 30 0 1913  |
|--|
| 9,5  |
|  |
| Vame Ellent des la                 |
| (Please give name by which enrolled and also present or married name.) |
| Tribe  |
| Present Address Langlade Hill  |
| Former Address Otal, Okla  |
| (Address from which we heard from you last.)                           |
| Present Occupation   |

## Ew. 350 -4. 537

### RETURNED STUDENT.

#### PART I.

Report by Non-reservation Superintendent or Reservation School Principal.

| School_Carlisle_Indian   |
|--|
| Date March 20, 1911.   |
| Name Ellen Lundquist Sex F Age 19 Deg. Indian Blood 1/8  |
| Belongs, State Wis. Agency Green Bey Tribe Menominee   |
| Home address, whose care, etc. Peter Lundquist, Breed, Mis.  |
| Grade in school 10 health good height 5-6 = weight 15-2 =  |
| Number months instruction given pupil in each department, including music ( Nocal)   |
| 10 months in academic Dept.  |
| nd, but because of Albert Bines shall will be at true or of the constant to the greating suite was   |
| Course completed Graduate, Class 1911years in this school 1  |
| Years spent in other schools and names of schools.   |
|  |
| Character and disposition Excellent,   |
| The state of the s |
| Recommended for what employment, suitability in order named, 1. Supil teacher.   |
| 2344   |
| Remarks:   |
|  |
| PART 2.  Report by Agent or Reservation Superintendent.  |
| AgencyDate   |
| Date pupil returned from schoolemployed since return as  |
| follows  |
| Are home and local conditions favorable  |
| Should be receive assistance to find employment  |
| At what employment do you think he would do best   |
|  |
| Death ones with the religion of the control of the  |
| Kemarks:   |
| Remarks:   |

#### Suggestions for Supplying the Information Requested on this Blank.

- 1. The report of Non-reservation School Superintendents should be made at the time or a little before the pupil leaves school, whether at the end of the school year or during the year, provided the pupil is 18 years of age and over, or younger, if for any special reason the pupil is quitting school permanently. As soon as this report is received, or at least very soon after the pupil returns home, the Supervisor of Indian Employment will correspond with him, for the purpose of getting more in personal touch with the returned student, and finding out something about his wishes etc. The answer to this letter when received will be attached to and filed as part of this report.
- 2. Health, height, and weight of returned students are sometimes very essential in placing them properly, but height and weight could be approximated very satisfactorily, though from the pupil records now being gotten up, all information called for in part 1, of this blank, could readily be secured and be definite.
- 3. The State, Agency, and Tribe are important, and where the pupil is not attached to any agency, this fact should be stated as "no agency," and in such cases the Superintendents should give all available information as to the home and local conditions surrounding the pupil.
- 4. Where the out-going pupil has passed the Civil Service Examination for any position, this fact should always be noted, giving position for which examination was taken.
- 5. It should be remembered that the Supervisor of Indian Employment can but seldom have a personal acquaintance with the out-going student, and that he must depend on the information furnished in this report for his basis of action in behalf of the pupil.
- 6. The degree of Indian blood should always be stated, as this fact largely determines the amount of efforts that will be made on behalf of any particular returned student: Qualifications being equal or even nearly so, the preference will be given to those having the greatest degree of Indian blood.
- 7. This report should be forwarded promptly to the Supervisor of Indian Employment, Denver, Colorado.
- 8. Reports on out-going students from Reservation Schools, are made only on pupils leaving the school who are 18 years old or over, and who will probably not go away to school.
- 9. If Part 1, of this report is made out by the Principal of the Reservation School, the Agent or Reservation Superintendent should supply information called for in Part 2, if the Principal has not the necessary information on home surroundings and local conditions. Information in regard to home surroundings and local conditions is very essential to properly understand the pupils' difficulties and needs.
- 10. When Part One is made out by Non-reservation Superintendents, this blank will be sent by the Supervisor of Indian Employment to the Agent or Superintendent of the Reservation, where the out-going student belongs, to have Part 2 filled out. This should be filled out and returned to the Supervisor of Indian Employment, Denver, Colorado, as promptly as possible, for, practically nothing can be done, till the receipt of this blank, with Part 2 filled out by the Reservation authorities. The information "Employed since return as follows," will be valuable only in cases where the pupil has been home for some time.

| . 5                    | 52   CARLISLE IND                                    |           |                   |                      |              |                   |             |
|------------------------|--|-----------|-------------------|----------------------|--------------|-------------------|-------------|
| NUMBER ENG             | Ellen Limdgruist                                     | A         | GENCY<br>Green To | Bay                  | n            | renomina          | ec          |
| BAND                   | INDIAN NAME  | HOME ADD  |                   | Peter a              | Cund         | gruist,           |             |
| PARENTS LIVING OR DEAD | MOTHER -   | 18        |                   | /52 <sup>-2</sup>    |              | SP. FORCED EP     |             |
| 10 - 7- 191            | Dhru years   |           | DATE DISCHARGE    | 2/9/19               | 11 -         | Suse of discharge | te          |
| TO COUNTRY             |  | RONS NAME | AND MODRESS       |                      |              | FF                | ROM COUNTRY |
|                        |  |           |                   |                      |              |                   |             |
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|                        |  |           |                   | THE SHAW-WALKER CO., | MUSTIELA 701 | 104               |             |
|                        |  |           |                   |                      | 79           |                   |             |
|                        | Months in school Frade entered at Frade at date of 1 | Carlisl   | le,               |                      | *****        |                   |             |

Prade or Industry, .....

Thurch. Methodist

Miles to school

## PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

| NAME OF PUPIL.                              | Glen                         | ) aunag                          | lust             | DATI Oct 10 " 1910.                     |
|---|------------------------------|----------------------------------|------------------|---|
| AGE. / YEARS                                | NEW STURNED                  | JOENT. TRIBE                     | nonu             | issers Olis.                            |
| DEGREE OF INDIAN                            | / 1 / //                     |                                  |                  |   |
| Inspection                                  | Well o                       | develops                         | mes              | A                                       |
|   |                              | 0                                |                  |   |
| PALPATION                                   | non                          | u D                              |                  | T.                                      |
| Patranon                                    | Maria                        | nf<br>rul                        | **************** |   |
| PERCUSSION                                  | Hain                         | cuq                              | ***********      | ······································  |
| ***************************************     | 7                            | 3                                |                  | *************************************** |
| Auscultation . Ri                           | ESONANCE /                   | nnul                             | <i></i>          |   |
| (RI   | esp. Murmur                  | for                              | na               |   |
| HEART SOUNDS                                | Good                         | /<br>                            |                  |   |
| ( In  | SP. 35                       | Respiration                      | a . n            | 10-17                                   |
| MENSURATION -                               | P. 32.                       | RESPIRATION                      | 2.0              | PULSE // V                              |
| TEMPERATURE 9                               | 12 degs.                     | HEIGHT 5 FT.                     | 6/, IN           | . WEIGHT /52/ LBS.                      |
| /   | 0                            |                                  | 2                | 2                                       |
| VISION                                      |                              | VACCINATION                      |                  |   |
| Vision                                      | n. 2                         | VACCINATION                      |                  |   |
|   | n. 2                         | Vaccination                      |                  |   |
| VISION MENSTRUATION                         | n. 2                         | VACCINATION                      |                  |   |
| VISION MENSTRUATION                         | Mon                          | VACCINATION                      | Dead.            | ·                                       |
| MENSTRUATION                                | Mars. Living.  Just          | Condition of Health.             | Dead.            | ·                                       |
| MENSTRUATION FAMILY HISTORY:  FATHER MOTHER | Moss.  Living.  Just  Just   | Condition of Health.  good       | Dead.            | ·                                       |
| MENSTRUATION FAMILY HISTORY:                | Mars. Living.  Just          | Condition of Health.  good       | Dead.            | ·                                       |
| MENSTRUATION FAMILY HISTORY:  FATHER MOTHER | Mass. Living.  Just  Just    | Condition of Health.  good  good | Dead.            | ·                                       |
| MENSTRUATION FAMILY HISTORY:  FATHER MOTHER | Moss.  Living.  Just  Just   | Condition of Health.  good  good | Dead.            | ·                                       |
| VISION                                      | Mass. Living.  Jus.  Dus.  2 | Condition of Health.  good  good | Dead.            | ·                                       |
| VISION                                      | Mass. Living.  Jus.  Dus.  2 | Condition of Health.  good  good | Dead.            | ·                                       |
| VISION                                      | Mass. Living.  Jus.  Dus.  2 | Condition of Health.  good  good | Dead.            | ·                                       |
| VISION                                      | Mass. Living.  Jus.  Dus.  2 | Condition of Health.  good  good | Dead.            | ·                                       |
| VISION                                      | Mass. Living.  Jus.  Dus.  2 | Condition of Health.  good  good | Dead.            | ·                                       |

| Hospital Record         |  |  |  |  |
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| EXAMINATION FOR OUTING: |  |  |  |  |
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|                         |  |  |  |  |

### BRIEF.

| APPLICATION OF                    |
|-----------------------------------|
| E11 4 1 1                         |
| Come vuedque 2                    |
| FOR THE ENROLLMENT OF             |
| Lu                                |
| IN THE INDIAN SCHOOL AT           |
| Carlisle Ra                       |
| the life that the the star south  |
| POST OFFICE ADDRESS OF APPLICANT: |
| Brud, Hil                         |
| Date of enrollment, , 19          |
| Term of enrollment, (3) years.    |
| NAME OF COLLECTING AGENT:         |
|                                   |
| Position,                         |
|                                   |
| 6—871                             |

## APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child not enrolled at an Agency.)

| the United States Indian School at Carlotte, for the United States Indian School at Carlotte, for the United States Indian School at Carlotte, I, Ellie, I, (Parent, guardian, or next of kin.)  of Breed, P. O., State of Chieffer do hereby voluntarily consent and agree to Lee enrollment in said school for a period of Three (3) years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.  I further say that the said child was born at Courte Courty his on Aug 12, 1892, that the father, Peter Lee danced, is or was.)  (Is or was.) (Degree.)  (Degree.) |
|---|
| of Breed P. O., State of Meserce do hereby voluntarily consent and agree to Lease enrollment in said school for a period of Local years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.  I further say that the said child was born at Courty his on Aug 12. 1892; that the father, Pater Land guest, (Name of Ather.) (Is or was.) (Degree.)  |
| of P. O., State of Previous do hereby voluntarily consent and agree to Lease enrollment in said school for a period of Thru (3) years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.  I further say that the said child was born at Courty Pro on Aug 12. 1892; that the father, Petersundant (Name of Pather.)  (Name of Pather.)  (Is or was.) (Degree.)  |
| and agree to Leve enrollment in said school for a period of Thru (3) years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.  I further say that the said child was born at Courty his on Aug 12. 1897; that the father, Pater Level guest, (Name of Father.)  (Name of Father.)  (Degree.)  |
| and bind myself to abide by all the rules and regulations for Indian schools.  I further say that the said child was born at Courte Courty his on Aug 12, 1897, that the father, Peter Sund guist, (Name of Pather.)  (Name of Pather.)  (Rome of Pather.)  (Rome of Pather.)  (Rome of Pather.)  (Degree.)   |
| I further say that the said child was born at Courte Courty his on Aug 12, 1892, that the father, Peter June de guist, (Name of lather.) (Is or was.) (Degree.)   |
| that the father, Peter June de guist, is a Indian of the Mite access  |
| (Name of Mather.) (Is or was.) (Degree.)  |
|   |
| Tribe located at Agency; that he left the tribe about;  |
| that the mother Inituadanist, is a /4 Indian of the Tunionine   |
| Tribe located at Land Agency, and left the tribe about het smalled; that  |
| the said child was born and reared in the United States, and now actually resides therein; and that   |
|   |
| he has attended the following schools:  |
| NAME OF SCHOOL-PUBLIC, GOVERNMENT, LOCATED AT-  DATE OF ENROLLMENT.  DATE OF DISCHARGE.  CAUSE OF DISCHARGE.  GRADE.  |
| Alic School As 2. Boul, His, 1899 1901 Transfirms 1Rea.   |
| triet School A 3 11 1902 1908 Finished 8'G.   |
| ornal School ashkash, His 1909 1910 Toursfront Firsh  |
| This 28' day of Sufet , 19/0  |
| Two witnesses:  |
| AN Toutillott Ellen frimface  |
| (Percent, guardian, or next of idia-)   |
| Cligabille Friedle P.O., Dreek, Pro-  |
| (Note. Levery blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)   |
| AFFIRANCE   |
| En 9 AFFIDAVIT.   |
| I, Colling Comments, do hereby swear that the statements made in the above application are true.  |
|   |
| Ellen frend fren  |
| (Signature of applicant.) (Parent, guardidu, or next of kin.)   |
| Ellen frement frem  |
| (Signature of applicant.) (Parent, guardian, or next of kin.)   |

#### CERTIFICATE OF PHYSICIAN.

| I, Lawrence W. White, a practicing physician of & Ishena, Wis  |
|--|
| , do hereby certify that I have carefully examined Ellin Lundquist, the child named in this application, and find that the is in proper physical condition to attend   |
| the child named in this application, and find that the is in proper physical condition to attend   |
| school, and is not afflicted with tuberculosis or other disease which would be a menace to the health  |
| of other pupils.  This 28 day of Sept., 1910. Lawrence W. White, M. D.   |
| VOUCHER OF SOLICITOR FOR SCHOOL.   |
| I hereby certify that I was present and witnessed the execution of the foregoing application   |
| made by; that its contents were explained or interpreted to  |
| by; that I believe understood the purport  |
| thereof; that I was present at the medical examination of the child named herein; that   |
| resides with, in or near the town of;  |
| that the child can not have adequate and proper educational facilities at home for the reason that   |
| <u></u>  |
|  |
| Dated at   |
| this day of, 19  |
| thisday of, 19   |
| this, 19   |
| this   |
| this   |
| this   |
| this   |
| (Note.—This voucher must be executed by the official representative of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)  VOUCHERS OF DISINTERESTED PERSONS.  VOUCHER No. 1.  I, What I am personally acquainted with Eller Luckaria and personally acquainted with the statements therein are true; that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I that I am acquainted with Eller Luckaria and personally is that I am acquainted with Eller Luckaria and personally is that I am acquainted with Eller Luckaria and personally is that I am acquainted with Eller Luckaria and personally is that I am acquainted with Eller Luckaria and personally is that I am acquainted with Eller Luckaria and personally is that I am acquainted with Eller Luckaria and personal an |
| (Note.—This voucher must be executed by the official representative of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)  VOUCHERS OF DISINTERESTED PERSONS.  VOUCHER No. 1.  I, Wantillity, a light of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)  VOUCHER No. 1.  I, Wantillity, a light of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)  VOUCHER No. 1.  I, Wantillity, a light of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)  VOUCHER No. 1.  I, Wantillity, a light of the nonreservation school to which application is made. Pupils and Indian solicitors will not be accepted.)   |

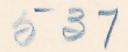
| I, Effic MI allen, a leook of  |
|--|
| 1, A (Business, calling, or profession.)   |
| Alshena, Was, do hereby certify that I am personally acquainted with   |
| Ellen Junis, who makes the foregoing application; that I believe his state-  |
|  |
| ments therein are true; that I am acquainted with Ellen Lunelguisl; that   |
| he is known and recognized in the community in which he lives as an Indian; and that in my   |
| opinion he can not receive proper and adequate schooling at home for the reason that   |
|  |
| har fassed the highest grades of the   |
| This 2-8 day of September, 1910 Effie M. allen   |
| Thomas pulled as selected a sudden and the selected and t |
| CERTIFICATE OF SCHOOL PHYSICIAN.   |
| I hereby certify that on   |
| nation of the physical condition of, the child named in  |
| the foregoing application, and found to be   |
|  |
|  |
| I therefore recommend that the said child be enrolled in this school.  |
| This   |
| School Physician.  |

#### INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without special permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

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.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.



# 37 CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

| NUMBER   | ER ENGLISH NAME            |  |               |                  |           |                               | AGENCY NATION |        |                        |                      |  |              |  |  |
|--|----------------------------|--|---------------|------------------|-----------|-------------------------------|---------------|--------|------------------------|----------------------|--|--------------|--|--|
| NUMBER   | ENGLIS                     | on NAME  |               |                  | AGI       | AGENCY                        |               |        |                        |                      |  |              |  |  |
| 3159   | E:                         | llen I   | Sundquist     |                  |           | Green                         | Вау           |        | M                      | Menominee            |  |              |  |  |
| BAND   | INDIAN NAME                |  |               |                  |           | ME ADDRESS                    |               |        |                        |                      |  |              |  |  |
|  |                            |  |               |                  |           |                               |               |        |                        |                      |  |              |  |  |
|  |                            | 1  |               |                  |           | Peter Lundquist, Breed, Wis.  |               |        |                        |                      |  |              |  |  |
| PARENTS LIVING OR DEAD<br>FATHER               | MOTHER                     | BLOOD  |               | AGE HEIGHT       |           | WEIGHT                        |               | FORCEI | FORCED INSP. FORCED BY |                      |  | SEX.         |  |  |
| Living   | Liv                        | The state of the s |               | 18               | 18 5-0    |                               | 152 ½         |        | 35 32                  |                      |  | F            |  |  |
| Living Living ARRIVED AT SCHOOL                |                            |  | FOR WHAT PERI |                  |           | 5-6\frac{1}{8} 152\frac{1}{2} |               |        | CAUSE OF DISCHARGE     |                      |  |              |  |  |
|  |                            |  |               |                  |           |                               |               |        |                        |                      |  |              |  |  |
| Oct. 7, 1910  MONTHS IN SCHOOL BEFORE CARLISLE |                            |  | 3 years       |                  |           |                               | ne 19, 191    |        | Graduate               |                      |  |              |  |  |
| MONTHS IN SCHOOL BEFORE CARLISLE               |                            |  | ADE ENTERED   | GRADE AT DATE OF | DISCHARGE | CHARGE TRADE OR INDUSTRY CHU  |               |        |                        | URCH MILES TO SCHOOL |  |              |  |  |
| 81   |                            |  |               |                  |           |                               |               |        |                        | Methodist            |  |              |  |  |
| TO COUNTRY                                     | TOTAL SECTION AND ADDRESS. | PATRONS' NAME AND ADDRESS  |               |                  |           |                               |               |        |                        |                      |  | FROM COUNTRY |  |  |
|  |                            |  |               |                  |           |                               |               |        |                        |                      |  |              |  |  |
|  |                            |  |               |                  |           |                               |               |        |                        |                      |  |              |  |  |
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|  |                            |  |               |                  |           |                               |               |        |                        |                      |  |              |  |  |
| N. C.  |                            |  |               |                  |           |                               |               |        |                        |                      |  |              |  |  |
|  |                            |  |               |                  |           |                               |               |        |                        |                      |  |              |  |  |
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REPORT AFTER LEAVING CARLISLE 563757 3M-2-11 Ellen fundgrist De Smet Prist PRESENT NAME INFORMATION THROUGH ADDRESS OCCUPATION DATE ITEMS OF INTEREST GRADE Otol, Okla. Harher (9.5.) Langlade wis not given Rower Drinle, S.D. 1911 aug 1913 "

Name

Address Breed, Wisconsin, Peter Lundquist%

Information from Carlisle Indian School Date March 20.19101. State Wisconsin Agency Green Bay Tribe Menoninee POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

- 1. Pupil Teacher.
- Resigned Teacher, Tomah, asks reinstatement, June Remarks: 1914

| 5-27  |                              |             |          |                            |          |          |                            |      |   |          |         |                           |
|---|------------------------------|-------------|----------|----------------------------|----------|----------|----------------------------|------|---|----------|---------|---------------------------|
| NAME.  PARENT OR GUARDIAN.  |                              |             |          |                            |          |          |                            |      |   |          |         |                           |
| Ellen dunaguest Menominee Geter dundquist   |                              |             |          |                            |          |          |                            |      |   |          |         |                           |
| NAME. Ellen Lundquist Menomine Peter Lundquist  DATE ENROLLED. TERM. HOME ADDRESS  Det. 7, 1910 Three years 18  Breed Wis. Special REMARKS. |                              |             |          |                            |          |          |                            |      |   |          |         |                           |
| Ver. 1, 1910 Sweet years 10 Oried, Wis.   |                              |             |          |                            |          |          |                            |      |   |          |         |                           |
| DATE OF RECORD  | ROOM   Saladarabia   Conduct |             |          | Share   thillies   Canduct |          |          | Room   Neatness   Conduct, |      |   |          |         | SPECIAL REMARKS,          |
|   | NO.                          | Scholarship | Conduct. | Shop.                      | Ability. | Conduct, | No.                        |      |   | Ability. | Conduct |                           |
| Jan. 11   | 14                           | Oy.         | Gr. 1    | John                       | . V.g.   | 4        |                            | v.9. | 4 |          |         |                           |
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