

SCHEDULE A.

FORM No. 1.

Quarter ending

187

Name of Inquiry Officer.

Whether receiving any Payment from Clubs, Charitable Institutions, Government Pensions, or otherwise; such Payment, Pension, Allowance, or Contribution to be described, and the Amount stated.	Present Weekly Earnings or other Income of Applicant, and Family dependent on him or her. Particulars to be stated.	Date of Visit at the Residence of Applicant.	Name of School which Child has attended, and time School has been so attended.	Name of Public Elementary School selected by Applicant.	Amount of ordinary weekly School Fee at School.	Amount of Fee or part of Fee ordered to be paid by Guardians.	For what Time the Fee or part of Fee is ordered to be paid.	Date when Order made.	Initials of Chairman of Clerk.	OBSERVATIONS.

FORM No. 3.

School Fees Receipt and Payment Account.

Union. [Parish of _____.]
[_____ District.]

Inquiry Officer.

RECEIPTS.			PAYMENTS.		
Date.	Name and Particulars.		Date.	Name and Particulars.	

Balanced

day of

(Signed)

Inquiry Officer.