Form C.A. No. 1—10M—6-1-57

Principal's or Head Teacher's Enrollment Report

Name of School Mt. Gap

(To be sent to the Division Superintendent within ten (10) days after the opening of school.)

NAME OF PUPIL	AGE	GRADE	NAME AND ADDRESS OF PARENT OR GUARDIAN
Davis, John Lewis	7	1	Mrs. Rebeca Davis Leesburg, Va.
Davis, William Henry	6	1	" Eula Davis " "
Wilkerson, Robert	8	1	" Rebecca Davis " "
Murray, Emily Elizabeth	7	1	" Emily Murray " "
Wilkerson, Ernestine	6	1	" Rebecca Davis " "
Young, Amy Delores	7	1	" Edith young " "
Sheppard, James Wilbur	7	2	" Mable B. Sheppard " "
Sheppard, Wilma A.	7	2	" Mable B. Sheppard
Davis, Ruby Mae	8	3	" Eula Davis " "
Murray, Peggy Ann	9	4	" Bertha Murray " "
Johnson, Harry Lewis	13	6	" Beulah Johnson " "
Davis, Emily Louise	11	6	" Rebecca Davis " "
Greene, Doris Roberta	10	6	" Mable B. Sheppard " "
Murray, Mary Elizabeth	11	6	" Bertha Murray " "
Murray, Sylvia Elaine	11	6	" Elizabeth Murray " "
Murray, Doris Marie	14	7	" Bertha Murray " "
Murray, Helen Louetta	12	7	" Bertha Murray " "

Date _____ 19____

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Principal or Head Teacher.

(Use other side if needed)