

Lazore, Peter

2032

Correspondence & parents file

815

2032.

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APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Peter Lazore Indian name is _____
 Name of Father Mitchell Lazore
 Name of mother _____ Tribe St. Regis
 Reservation _____ Degree of Indian blood of child 1/2
 Is either parent white, if so, which? _____ Are either or both allotted? _____
 On what reservation? _____ Age of child 11 What reservation school attended? _____ How long? _____
 If ever enrolled in a nonreservation school, name of school, _____ When? _____ How long? _____ If ever dismissed from a school, where? _____; when? _____ and for what reason? _____
 (Signed.) _____

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts.

CONSENT BLANK

I, _____ parent, guardian or next of kin of the above-named child, Peter Lazore, do hereby consent to _____ transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at _____ on the _____ day of _____, 190_____
 (Signed.) _____
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named _____, and have found _____ physically sound, and recommend the transfer so far as _____ health conditions are concerned. Dated at _____ on the _____ day of _____, 190_____
 (Signed.) _____

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

_____ 190_____
 The statements concerning the above-named _____ are believed by me to be correct, and I hereby recommend the transfer.
 (Signed.) _____
 U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.

Department of the Interior,

UNITED STATES INDIAN SERVICE,

St. Regis N.Y.

Oct 26

, 1906

I Felix White guardian of above named
child ~~F.~~ Peter Lazore do hereby consent
to his enrollment for period of
five years (5 yrs.) in Indian School
at Carlisle Pa. St. Regis N.Y.

Oct 26, 1906.

Signed

Felix White

2032



APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child... Peter Lazore Indian name is _____
 Name of Father... Jonis Lazore - dead
 Name of Mother... Louisa Johnson Tribe... St. Regis
 Reservation... St. Regis N.Y. Degree of Indian blood of child... Full
 Is either parent white, if no, which? No Are either or both allotted? _____
 On what reservation? St. Regis N.Y. Age of child... 12+ What reservation school attended? _____ How long? 2 years
 If ever attended in a non-reservation school, name of school _____ How long? _____ If ever _____

(Signed.) Louisa Johnson
per E. H. Klein

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or person in possession of the facts.

CONSENT BLANK
Louisa Johnson parent, guardian or next of kin of the child Peter Lazore do hereby consent to his enrollment for a period of five (5) years in the Indian School at Carlisle, Pa. 2/28 on the 21st day of September, 1906.
 (Signed.) Louisa Johnson
 (Parent, Guardian or next of kin.)
Witness to her mark

PHYSICIAN'S CERTIFICATE
 I hereby certify that I have personally examined the above-named Peter Lazore and have found him physically sound, and recommend his health conditions are concerned. Dated at Pogonipburg N.Y. 21st day of September, 1906.
 (Signed.) Edwin H. Klein M.D.
Leelis White

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

_____ 1906.
 The statements concerning the above named _____ are believed by me to be correct, and I hereby recommend the transfer.
 (Signed.) _____
 U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian preferably full Indian. Special cases beyond the age limit can be given consideration.

Card made Nov 2 - 06.
A.M.

2032

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Lazare Peter DATE Dec 19 08

AGE 11 YEARS { NEW STUDENT. TRIBE Mohawk STATE Ny. }
RETURNED

DEGREE OF INDIAN BLOOD _____

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE _____
RESP. MURMUR Normal }

HEART SOUNDS _____

MENSURATION { INSP. 29 1/4 RESPIRATION 20 PULSE 66
EXP. 25 3/4 }

TEMPERATURE 98 degs. HEIGHT _____ FT. IN. WEIGHT _____ LBS.

VISION _____ VACCINATION good Rev. 7/3/08

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>4</u>	<u>good</u>		
SISTERS {	<u>2</u>	<u>good</u>		

PERSONAL HISTORY: Convalescent from measles.

REMARKS:

HOSPITAL RECORD.....

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EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Peter Loyer Indian name is tier
 Name of Father Mitchell Loyer
 Name of mother Mary Loyer Tribe Mohawk
 Reservation St. Regis Degree of Indian blood of child full
 Is either parent white, if so, which? St. Regis Are either or both allotted? 10
 On what reservation? No. 1. St. Regis N.Y. Age of child 8 What reservation school attended? How long? 3 years
 If ever enrolled in a nonreservation school, name of school, When? How long? If ever dismissed from a school, where; when. and for what reason?
 (Signed.) Peter Loyer

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts

CONSENT BLANK

I, Mitchell Loyer, parent, guardian or next of kin of the above-name child, Peter Loyer, do hereby consent to his transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at Hogansburg N.Y. on the 29th day of August, 1908
 (Signed.) Mitchell Loyer
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above named Peter Loyer and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Hogansburg on the 28th day of Aug, 1908
 (Signed.) C. McConnell

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

....., 190.....
 The statments concerning the above-named.....are believed by me to be correct, and I hereby recommend the transfer.
 (Signed.).....
 U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.

Card made

CONSENT OF

.....
FOR THE ENROLLMENT OF

.....
IN THE INDIAN SCHOOL AT

.....
For the term of years

.....
Name of agency or place from which pupil came:
.....

Date of enrollment, 190.....

Date of discharge, 190.....

Cause of discharge, 190.....

2032

NAME.

Lazore, Peter.

TRIBE.

St. Regis.

PARENT OR GUARDIAN.

Mitchell Lazore.

DATE ENROLLED.

Sept. 10, 1905.

TERM.

AGE.

HOME ADDRESS.

10.

Hogansburg, N. Y.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room No.

Neatness

Conduct.

Ability.

Conduct

Apr. 08

Nov.

Good

Good

Good

Good

