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## CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <b>3405</b>	ENGLISH NAME <i>Charlie Colonahasky</i>	AGENCY	NATION <i>Cherokee</i>		
BAND	INDIAN NAME	HOME ADDRESS <i>Susan Colonahasky</i>			
PARENTS LIVING OR DEAD	BLOOD	AGE <i>18</i>	HEIGHT <i>5'6 3/4"</i>	WEIGHT <i>150</i>	FORCED INSP. <i>35 5/8</i>
FATHER: <i>Dead</i>	MOTHER: <i>Living</i>	<i>Full</i>	<i>18</i>	<i>5'6 3/4"</i>	<i>150</i>
ARRIVED AT SCHOOL <i>July 6, 1905</i>	FOR WHAT PERIOD <i>5 years</i>	DATE DISCHARGED <i>May 27, 1906.</i>		CAUSE OF DISCHARGE <i>Discharged from School</i>	
TO COUNTRY <i>8-11-05</i>	PATRONS NAME AND ADDRESS <i>Ran from school.</i>				FROM COUNTRY

THE SHAW-WALKER CO., MUSEUM-CHICAGO 33677

Months in school before Carlisle, .....

Grade entered at Carlisle, *1st* .....Grade at date of Discharge, *1st* .....Trade or Industry, *Gen. work* .....Conduct *Fair.*

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## APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, Charlie Clouhaski Indian name is \_\_\_\_\_  
 Name of father, Charlie Clouhaski  
 Name of mother, Lucie Clouhaski Tribe Cherokee  
 Reservation, Cherokee N.C. Degree of Indian blood of child, 1/8  
 Is either parent white, if so, which? No Are either or both allotted? No  
 On what reservation? \_\_\_\_\_ Age of child, 18 What  
 reservation school attended? Cherokee How long? 4 yrs  
 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.) Charlie Clouhaski

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, \_\_\_\_\_, do hereby consent to \_\_\_\_\_  
 transfer or enrollment for a period of five (5) years in the Indian school at \_\_\_\_\_  
 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 trans-  
 fer 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.

Card made

AGENT'S OR SUPERINTENDENT'S ENDORSEMENT

The statements accompanying the above-named pupil are to be correct, and I hereby recommend the transfer.

(Signature)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named pupil and find him to be healthy and recommend the transfer.

(Signature)

CONSENT BLANK

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, \_\_\_\_\_



Charles Colonahaski

PRESENT NAME