

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

[illegible]

Months in school before Carlisle.

Grade entered at Carlisle.

Grade at date of Discharge,.....

Trade or Industry.....

Conduct --- Fair

Transfer not approved by
Supt. Cherokee School. Discharge ordered
by Indian Office. See correspondence

Department of the Interior.

Mr. M. FriedmanSupt. U. S. Indian SchoolCarlislePennsylvania

6-3305

4268

2-27, 1913

Name John W. Seay
(Please give name by which enrolled and also present or married name.)

Tribe Cherokee

Present Address Cherokee NC

Former Address Birdsown
(Address from which we heard from you last.)

Present Occupation Farming

Remarks: I am married and have
2 Children one boy one
girl and they both are doing well

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X

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, John Seay Indian name is _____

Name of father, Oliver Seay

Name of mother, Maggie Seay Tribe Cherokee

Reservation, Cherokee NC Degree of Indian blood of child, 1/2

Is either parent white, if so, which? Neither Are either or both allotted? No

On what reservation? _____ Age of child, 21 What reservation school attended? Cherokee How long? 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.) John Seay

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 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.

Card made

Discharged 1st Quarter 1906

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, _____

Record of Graduates and Returned Students,

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U. S. INDIAN SCHOOL, CARLISLE, PA.

NAME John W. Seay June 17 1911.

1. Are you married and if so to whom? Ellen Thomas (white)

2. What is your present address? Birdtown N.C.

3. Did you attend or graduate from any other schools after leaving Carlisle? no Give names of schools and dates if possible

4. What is your present occupation? Farmer

5. Tell something of your present home I live in Jackson Co. N.C.
am a farmer

6. What property in the way of land, stock, buildings, or money do you have? Small amount

7. Have you been in the Indian Service? In what positions? How long in each? Nothing

(Over)

8. What other positions have you held since leaving Carlisle?

None

9. Tell me anything else of interest connected with your life:

*yours Very Respt
John W. Seay*

