

843

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3699	ENGLISH NAME Tom Pera	AGENCY	LOCATION Mohawk, N.Y.				
BAND	INDIAN NAME	HOME ADDRESS Sarah White, Hogansburg, N.Y.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER: Living	MOTHER: Living	Full	12	4-3	57		m
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE				
Sept. 26, 1906	Fived 5 years	11-19-08	Request				
TO COUNTRY	PATRONS NAME AND ADDRESS				FROM COUNTRY		
5-1-08	Geo. W. Row, Langhorne, Pa.				11-11-08		

THE SHAW-WALKER CO., MUSKEGON-CHICAGO 33877

Months in school before Carlisle,

Grade entered at Carlisle, /

Grade at date of Discharge, /

Trade or Industry,

Church, Catholic

843

V

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Tom Bero Indian name is _____
 Name of Father Leach
 Name of Mother Mrs Sarah White Tribe Mohawk
 Reservation St Regis Degree of Indian blood of child Full
 Is either parent white, if so, which? _____ Are either or both allotted? _____
 On what reservation? St. Regis Age of child 12 What reservation school attended? _____
 How long? _____
 If ever enrolled in a non-reservation school, name of school, _____
 When? _____ How long? _____ If ever dismissed from a school, where? _____ when? _____
 and for what reason? _____

(Signed.) Mrs S. White

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, Sarah White parent, guardian or next of kin of the above-named child, Tom Bero do hereby consent to ~~his~~ his ~~the~~ the transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at Hogansburg on the 4th day of Sept, 1906
 Witness mark: Marcy Robinson (Signed.) Mrs S. White ^{Star} _{mark}
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Tom Bero and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Hogansburg NY on the 2nd day of Sept, 1906.
 (Signed.) C. M. Lamell

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.

bars made Nov-2-06.
S.M.

845

NAME.

Bero, Tom.

TRIBE.

Mohawk N.Y.

PARENT OR GUARDIAN.

Sarah White

DATE ENROLLED.

Sept. 26, 1906

TERM.

5 Years

AGE.

12

HOME ADDRESS.

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

V. Good

Good Good

843

Bero. Thomas. Ex. Stu.

Dis charge and Money sent

961