

857

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION					
3726	Thomas Sema		Mohawc, N.Y.					
BAND	INDIAN NAME	HOME ADDRESS						
		Philip Deome, Hogausbury, N.Y.						
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, Dead		MOTHER, Dead	10	4-4 $\frac{1}{2}$	7 $\frac{1}{2}$	27	25	M
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED			CAUSE OF DISCHARGE			
Oct 30-1906	Jan-10- years	July 2-1908			Too small			
TO COUNTRY	PATRONS NAME AND ADDRESS						FROM COUNTRY	

THE SHAW-WALKER CO., MUSEUM-CHICAGO 33877

Months in school 83210

Grade entered at Carlisle, 1st.

Grade at date of Discharge, 1st.

Trade or Industry,

Church, Catholic

Brought here by J. W. Banfield

857

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL (Guardian is Phillip Deome)

Full name of child... Thomas Semo... Name of Father... Dead... Tribe... Molok... Reservation... St. Regis... Degree of Indian blood of child... no... Is either parent white, if so, which?... no... Are either or both allotted?... no... On what reservation?... Age of child... 10 yrs... What reservation school attended?... St. Regis... How long?... a few months... If ever enrolled in a non-reservation school, name of school... no... When?... no... How long?... no... If ever dismissed from a school, where?... When?... and for what reason?... (Signed)... Phillip Deome

I, Phillip Deome, guardian of Thomas Semo do hereby consent to his transfer or enrollment for a period of ~~two~~ ten (10) years in the Indian School at Carlisle, Pa. Dated at Hogsansbury, N.Y. on the 15th day of October, 1906 Signed Phillip Deome (his mark) Witness to his mark Edwin G. Klein.

For 10 yrs.

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. S.M.

above-named child,.....,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 *Thomas Semo*.....
.....,and have found.....*him*.....physically sound, and recommend
the transfer so far as *his*.....health conditions are concerned. Dated at *Carlisle, Pa.*.....
on the.....*30*.....day of.....*October*.....190*6*.
(Signed).....*H. Shorewaker, M.D.*.....

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.

*Card made Nov 2-06.
S.M.*

CONSENT OF

.....
FOR THE ENROLLMENT OF

.....
IN THE INDIAN SCHOOL AT

.....
For a term of.....years.

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

.....
Date of enrollment,..... 190.....

Date of discharge,..... 190.....

Cause of discharge,..... 190.....

857

REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

Thomas Sems

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
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1910