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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4998	ENGLISH NAME John Francis	AGENCY Justin Grove	NATION Passamaquoddy				
BAND	INDIAN NAME	HOME ADDRESS Solomon, Francis Father Perry, Maine					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, <input checked="" type="checkbox"/>	MOTHER, <input checked="" type="checkbox"/>	full	18	5-6 1/2	115-1/2	33	29 M
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE				
Sept. 17, 1913	five years	Oct. 5, 1914	killed				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
4-8-14	Thos. S. Wilson, P. F. D., Furlong, Pa.					8-28-14	

Months in school before Carlisle, 45

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Catholic

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CARLISLE INDIAN SCHOOL

No. *4998* NAME. *John Francis* AGE. *18* TRIBE. *Cassamaguddy* DEGREE OF INDIAN BLOOD. *Full* NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. *Cery, Maine*

DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS.		
		On entering here.	At date of this report.		(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
					To COUNTRY	FROM COUNTRY	DATE DISCHARGED
<i>Sep. 17, '13</i>	<i>45</i>		<i>No. 4.</i>	<i>0</i>			
<i>Sept. '14</i>	<i>u</i>	<i>u</i>	<i>Gr. II-a</i>	<i>-</i>	<i>4-8-14</i>	<i>8-28-14</i>	<i>10-5-14</i>
							<i>Catholic</i>

Progress from _____, to _____
 (Date) (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade								
Academic standing*								
Industrial standing* (Department)								
Musical: Band standing*								
Vocal standing*								
Orchestra standing*								
Department standing*								
Physical condition								

Remarks: _____

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BRIEF.

Application of

FOR THE ENROLLMENT OF

John J Francis

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, _____, 191_____

Term of enrollment, *Five* (*5*) years



Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pennsylvania, of

John T. Francis, I, Solomon Francis of Pleasant Point P. O., State of Maine, do hereby voluntarily consent and agree to his enrollment in said school for a period of two years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Pleasant Point on January 18, 1895; that the father, Solomon Francis, is a full blooded Indian of the Passamaquoddy Tribe located at Pleasant Point Agency; that he left the tribe about never; that the mother, Esther Francis, is a full blooded Indian of the Passamaquoddy Tribe located at Pleasant Point Agency, and left the tribe about never; that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>Pleasant Point Indian School</u>	<u>Pleasant Point Maine</u>	<u>Sept. 1912</u>	<u>June 1911</u>	<u>Course finished</u>	<u>Fifth</u>

This second day of October, 1912
Two witnesses:

John J. Bile
Hubert Kilby

Solomon Francis
P. O., Pleasant Point, Maine

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

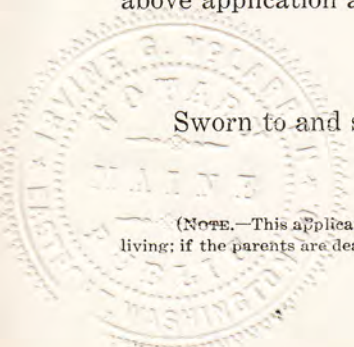
I, Solomon Francis, do hereby swear that the statements made in the above application are true.

Solomon Francis
(Signature of applicant.)

Sworn to and subscribed before me this second day of October, 1912

Drwine G. M. Warren
Notary Public

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)



Certificate of Physician.

I, JAC Byron, a practicing physician of Eastport
Maine, do hereby certify that I have carefully examined John T. Francis,

the child named in this application, and find that he is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This 2nd day of Oct., 1912
JAC Byron, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, John J. Pike, a Merchant of
Eastport, do hereby certify that I am personally acquainted with

Salomon Francis who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with John T. Francis; that

he is known and recognized in the community in which he lives as an Indian; that in my opinion

he can not receive proper and adequate schooling at home for the reason that The school at Pleasant Point is a low grade school going only to the fifth grade

This 2nd day of Oct, 1912
John J. Pike

VOUCHER No. 2.

I, Herbut Kilby, a Merchant of
Eastport Maine, do hereby certify that I am personally acquainted with

Salomon Francis, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with John T. Francis; that

he is known and recognized in the community in which he lives as an Indian; and that in my opinion

he cannot receive proper and adequate schooling at home for the reason that The school at Pleasant Point is a low grade school going only to the fifth grade

This 2nd day of Oct, 1912
Herbut Kilby

Certificate of School Physician.

I hereby certify that on _____, I made a careful examination
(As soon after arrival as possible.)
of the physical condition of _____, the child named in the fore-
going application, and found _____ to be _____

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 191 _____

School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.



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Dec. 10th, 1915.

Mr. Salmor Francis.

East Machias, Maine.

My dear Sir:

This is to acknowledge receipt of your letter of November the 24th, with which you enclosed a ten dollar Express Money Order for the use of your son John. The same has been properly credited and will be allowed him as you have requested.

This is also to advise that your son has been spoken to about the tone of his letter to you, and it is believed that you will not again have occasion to be displeased with his letters.

Hoping that favorable reports can be made you regarding his progress during the school year, I am,

Very truly yours,

HKM.

Superintendent.

East Machias Me Nov 24 1113

My Dear Son John Francis,
I am here in East Machias,
and I am sending you Ten
dollars by Express and
hope you will get it all
right.
now, John, you must not
write such letter like
that again. That letter
you send me made me
pick. If you going to
write me, write good letter.
Money is very hard to get this
time year. From your
Father
Salmon Francis

1875

I am going home to
Pleasant Point this
week. if you get the
Money write me at
Perry, Maine.

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July 23rd, 1914.

Mr. Solomon S. Francis,

Pleasant Point, Perry. Me.

My dear Sir:

Referring to the contents of the letter you addressed to me from Tadoussac, Quebec, this is to advise that your son John is yet at his Outing home at Furlong, Pennsylvania. He is living with the family of Mr. Thos. H. Wilson at that address, and the reports that have been received indicate that he is getting along very well.

Some time ago John was urged to write to those of you at his home and shortly after that a letter was received here to be forwarded. No record was kept of the person to whom it was addressed and sent.

Very respectfully,

HKM.

Supervisor in Charge.

Tadousac P.Q.

July - 19 - 1914

Dear Sirs

Just a line please
let me know of whereabouts
of John Francis my son. I wrote
to him sometime ago but got
no reply is he at school yet
if so would you oblige me
by answering this letter

as I'm very uneasy. If sick
let me know the same and
Obige Sonnon Francis
Present address.

Sonnon Francis
Tadousac
les Saguenay Judice

Permanit address

Pleasant Point
Perry me.

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Pleasant Point
Perry, Me.
Nov. 12th 1873

M. Friedman, Supt.
Your letter of the Oct. 31st.
at hand and was glad
to hear from you. Yea, I am
interested in Carlisle as
the Present home of my
son, and will never lose
an opportunity of
encouraging him to make
the best Possible use of
splendid opportunities

which are there as you've said
in your letter for the obtaining
of an education, and for
Character building. I'm also
glad to hear that the reception
was most successful and
inspired a closer bond of good
fellowship between the members
of the faculty and the students.
I'm in great hopes that my
son would stay in your school
as long as possible.

I have a little girl aged 10 yrs.
for which I will send to your
School as soon as she gets
old enough. my son John
will be ~~7~~²⁰ year old on January
21st '14. was born Monday
at 7:30 A.M. January 19th 1894

Respectfully yours
Mr. Solomon Francis

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May 11, 1917

Mr. John Francis,
c/o Mr. Solomon S. Francis,
Pleasant Point, Perry, Me.

Dear John:

On checking over the pupils' bank accounts at this school, I find that you have a balance of \$1.00 and I am enclosing a check for that amount. Please sign and endorse the check before getting it cashed.

With kind regards and best wishes, I am

Yours very truly,

Superintendent.

LG

encl.

NAME John Francas Sex Male. Female.

Tribes Full Part Passamaquoddy State Maine Sept 19, 1913

Age 18 years Respiration _____ Condition of, Eyes Good

Height 5 ft. 6 1/2 ins. Mensuration { Insp. 33 Ears _____ "

Weight 115 1/2 lbs. Exp. 29 Throat _____ "

Temperature _____ Vaccination Sept. 19, 13 Cervical glands _____ "

Pulse _____ Vision _____ Skin _____ "

Inspection Fairly well developed

Palpation O.K.

Percussion _____ "

Auscultation Systolic murmurs transmitted to axilla.

Heart _____

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes.</u>	<u>Good.</u>		
Mother			<u>yes.</u>	<u>?</u>
Brothers	<u>no.</u>		<u>3</u>	<u>,</u>
Sisters <u>2</u>	<u>yes</u>	<u>Good</u>	<u>One</u>	<u>,</u>

Personal history Measles, Mumps.

Present condition Good except heart condition.

H. B. Frolic, M. D.

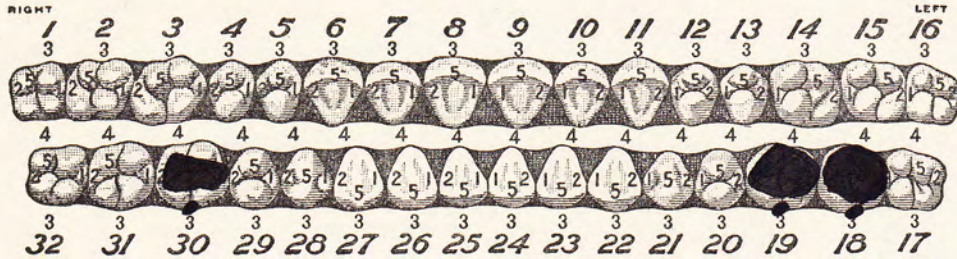
This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

PUPIL'S DENTAL RECORD.

Name John Francis Age 18 Sex M
 School Carlisle Indian Training
 Date of examination October 10th 1913, 191



NO.	SUB. NO.	CONDITION OF TEETH, AND WORK REQUIRED.	WORK ACTUALLY DONE.	DATE, 191
30	5	Fair Filling	Amalgam	10/10/13
30	3	Filling	Amalgam	10/10/13
19	2-5-4	Crown	Cement	10/10/13
19	3	Crown	Amalgam	10/10/13
18	5	Filling	Amalgam	10/10/13
18	3	Filling Cleaning	Amalgam Cleaning	10/10/13
<p>Work uncompleted - Patient left on outting system.</p>				

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Thos. S. Wilson*

Pupil's name *John Francis*

General health of the pupil *Good*

Has pupil been ill the past two months? *No*

Name of disease

Name and address of physician in attendance

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *120 lbs*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks:

Date *August 25th 1914*

In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Thos. S. Wilson Herlong Pa.*

Pupil's name *John Francis*

General health of the pupil *good*

Has pupil been ill the past two months? *No*

Name of disease

Name and address of physician in attendance

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *120 lbs*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks:

Date *June 30 1914*

In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Thos S. Wilson*

Pupil's name *John Francis*

General health of the pupil *Good*

Has pupil been ill the past two months? *No*

Name of disease

Name and address of physician in attendance

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *120*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks:

Date

In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Thos S Wilson, Pa.*
John Francis Jurlong,

Pupil's name *John Francis*

General health of the pupil *Good*

Has pupil been ill the past two months? *No*

Name of disease

Name and address of physician in attendance

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *120 lbs*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks:

Date *May 29th 1914*

In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address Thos B Wilson

Pupil's name Jno Francis

General health of the pupil good

Has pupil been ill the past two months? No

Name of disease

Name and address of physician in attendance

Does the pupil have a cough? No

For how long has he had it?

Give the pupil's weight 120 lbs.

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks:

Date May 4th 1914

In case of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

Little belated not having
Johns' weight

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Maine 964 534

Name of Student *John Francis*

Home Address *Solomon Francis, Perry, Tribe Passamaquoddy*

Age at Entrance *18* Date of Entrance *9-17-13* Shop _____

Patron *Mrs. S. Wilson* Locality _____ Days in School _____

Address *Furlong, Po.* R. R. Station _____ Conduct _____

Recommended by _____ Grade in School _____ Ability _____

Grade of Home _____ Church _____ Health _____

Date of Outing *4-8-'14* Date Returned *8-28-14* Wages _____ Earnings _____

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6	
									g	g	g	
									g	g	g	
									g	g	g	
									8.	8.	8.	

g
g
g
8.00

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Name of Student

Home Address

Tribe

Age at Entrance	Date of Entrance	Shop	Locality	Days in School	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron																	
Address			R. R. Station	Conduct													
Recommended by			Grade in School	Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned		Wages	Earnings													

