CARLISLE INDIAN INDUSTRIAL SCHOOL. PARENTS LIVING OR DEAD Months in school before Carlisle, Luco Grade entered at Carlisle, ... / A Grade at date of Discharge, 2ud. Trade or Industry, Sand work Church,

(Readwitteld) CARLISLE INDIAN INDUSTRIAL SCHOOL. DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.							
NUMBER ENGLISH NAME AGENCY NATION							
2958 Juseph Brown New York. On	ondaga						
agustus Brown, Onor	edago Castle						
PARENTS LIVING OR DEAD BLOOD AGE HEIGHTH WEIGHT FORCED INSP.	FORCE OF EXPR. SEX.						
FATHER, OUT OF MOTHER, STATE OF THE TOTAL OF	OF DISCHARGE						
Nov. 4, 1902 5 years. Jan. 20,1906 see	rool.						
TO COUNTRY PATRONS NAME AND ADDRESS Ahr. 30, '03 Yeo. H. Henkleman Line Ridge, Pa	FROM COUNTRY 9-15-03						
apr. 30, '03 Geo. H. Headley Tallerigton,"	7-13-03						
april 29-04 B. Frank Bodines, Doylestown "	9-17-04						
SHAW-WALKER MUSKEGON 5478							
toh to ahout)							
school before Carlisle, 36							
s ui squoM red at Carlisle,5							
Grade at date of Discharge,							
Trade or Industry, Shoemaker							
Church, Methodist.							
Conduct							

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

E-Il rame of shild Osehh Sasun Indian name is
Fill name of child
Full name of child Loseph Brown Indian name is Name of father Augustus Brown
Name of mother Tribe Tribe
Reservation, Degree of Indian blood of child, Hull
Is either parent white, if so, which?
On what reservation? Age of child, What
reservation school attended? How long?
If ever enrolled in a nonreservation school, name of school,
When? How long? If ever
dismissed from a school, where, ; when, ; when,
and for what reason?
and for what reason. (Signed.). Joseph Brown,
NOTE—The above blank to be signed by the child, it 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 Carlisle, Pa.
Dated aton the
day of, 190
(Signed.)
[Parent, Guardian or next of kill.]
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, 190
(Signed)
AGENT'S OR SUPERINTENDENT'S INDORSEMENT.
, 190
The statements concerning the above-named are be-
lieved 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

CONSENT OF

FOR THE ENROL	LMENT OF
IN THE INDIAN S	
For the term of	years
Name of agency or place from	
Date of enrollment,	
Date of discharge,	190
Cause of discharge,	190
8 3 9 3 3	9

REPORT AFTER LEAVING CARLISLE " Y AND E" ROCH.

441**03**7 3**M-**4-09

PRESENT NAME								
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE			
1910								
1910								
		*						