

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

996

NUMBER 3503	ENGLISH NAME <i>Wallace House</i>	AGENCY	NATION <i>Oneida</i>				
BAND	INDIAN NAME	HOME ADDRESS <i>Sarah House, Wittenberg Wis.</i>					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER: <i>Dead</i>	MOTHER: <i>Living</i>	<i>1/8</i>	<i>20</i>	<i>5'7"</i>	<i>147</i>	<i>36 1/2</i>	<i>32 M</i>
ARRIVED AT SCHOOL <i>Sept 3, 1905.</i>	FOR WHAT PERIOD <i>5 yrs.</i>	DATE DISCHARGED <i>June 30 1907</i>		CAUSE OF DISCHARGE <i>Deserter</i>			
TO COUNTRY <i>Nov 6, 1905</i>	PATRONS NAME AND ADDRESS <i>Deserted from school.</i>					FROM COUNTRY	

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle,

Grade entered at Carlisle, *5th*

Grade at date of Discharge, *5*

Trade or Industry,

Church, *Episcopalian*

996

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APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Wallace House Indian name is _____
 Name of Father deceased
 Name of mother Sarah House Tribe Ojibwa
 Reservation Ojibwa, Wis. Degree of Indian blood of child Full
 Is either parent white, if so, which? none Are either or both allotted? Yes
 On what reservation? Ojibwa, Wis. Age of child 20 years What reservation school attended? Ojibwa Boarding How long? Three years
 If ever enrolled in a nonreservation school, name of school Wittenberg & Handrean SD
 When? 1897-1900 How long? Three years & Handrean 3y If ever dismissed from a school, where Handrean; when 1903 and for what reason? served full term
 (Signed.) Wallace House

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, Jonas James, parent, guardian or next of kin of the above-name child, Wallace House, do hereby consent to have him transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at Ojibwa Wisconsin on the 15th day of August, 1905
 (Signed.) Jonas James
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Wallace House and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Aug 19 on the _____ day of _____, 190_____
 (Signed.) J. H. Bowler

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above-named Wallace House are believed by me to be correct, and I hereby recommend the transfer.
 (Signed.) Joseph G. Bout
 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.

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, 190

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