STREET COLD STREET	to the second se				
11.	CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT				
"3556"	The Whealock AGENCY NATION	nondana			
BAND	INDIAN NAME HOME ADDRESS Hatthey) Peter Whealock Su	RF.D. #52) My			
PARENTS LIVING OR DEAD	BLOOD AGE HEIGHTH WEIGHT FORCED IN ST	FORCED EXPR. SEX.			
Sept 23.	FOR WHAT PERIOD DATE DISCHARGED CAUSE	OF DISCHARGE			
TOZOUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY			
	goog any -				
	Chronic Enursis				
	- Commo Vagasta				
		-			
7					
	THE SHAW-WALKER GO., MUC"EGON-CHICAGO 33877				
	Mouths in school before Carlisle, non,				
	Grada antared at Carlista Ish				

Months in school before Carlisle, non,
Grade entered at Carlisle, 186
Crede at date of Discharge, At 9008
Trade or Industry, None
Obresbyterian
Conduct-good
Certificate of Discharge

1133

## APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child John Whealock, Indian name	
Full name of child form flateacock. Indian name	is
Name of Father Leter Whealock	
Name of mother, Minnie Whealock Tribe Onondaga	
Reservation, Omondaga Degree of Indian blood of child Full Jandian	
Is either parent white, if so, which? Both Indian. Are either or both allotted?	
On what reservation? Age of child, What	ıt
reservation school attended? Omon daga Otal School How long? 2 months	
If ever enrolled in a nonreservation school, name of school,	
When? How long? If eve	0.11
	21
dismissed from a school, where,; when,	
and for what reason?	
(Signed.)	
	=
NOTE—The above blank to be signed by the child, if old enough to understand its impart; if not, by the parent, guardia	n
or other person congizant of the facts	
CONSENT BLANK	
1, Leter Whealock & Minnie Whealock parent, quardian or next of kin of the	16
above-name child, John Wheolock , do hereby consent to Lond	
above-name child, do hereby consent to	
transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.	
Dated at Owndaga Indian Resevation on the 19th	
day of Sefa 190.5	
W + His Wil a ale	
(Signed.) Illia X Il Mala Co CA, (Parent, Guardian or next of kin.)	
mark	
PHYSICIAN'S CERTIFICATE	
I hereby certify that I have personally examined the above-named John Micalocal	
and have found physically sound, and recommend	1
the transfer so far as the health conditions are concerned. Dated at	¥785
on the day of Jeff 390. 4	
(Signed) Other U.A.)	
(Signed)	-1
AGENT'S OR SUPERINTENDENT'S INDORSEMENT	
DIVI	
, 190	
The statments concerning the above-namedare be	e-
lieved by me to be correct, and I hereby recommend the transfer.	
(Signed.)	**

## 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

4410**3**7 3**M-**4-09

1/33. REPORT AFTER LEAVING CARLISLE

		GRADE

Oct. 5th, 1915.

Mrs. Minnie Wheelock,

R. F. D. 5, Syracuse, N. Y.

My dear Madam:

I have received your application for the enrolment at Carlisle of your son John, but must inform you
that he has not completed sufficient academic work to
entitle him to entrance here. This year it is required
that students shall have completed work in Grade III before they can be admitted at Carlisle.

The application is being returned to you herewith because favorable consideration cannot be given your request.

Very truly yours,

HKM.

Acting Superintendent.

Oct. 27th, 1915.

Mrs. Minnie (heelock)

R. F. D. 5, Syracuse, N. Y.

Dear Madam:

A further search thru our records has disclosed the fact that your son John had to be sent to his home when he was formerly enrolled at Carlisle on account of a chronic ailment. Under the circumstances it is believed inadvisable to allow him to return here.

The application for his enrolment is being returned to you herewith.

Very respectfully.

Encl.

HKM.

Acting Superintendent.