

1134

Name *Albert White* Tribe *Onondaga* Age *14*

Entered *Nov 1900* Address *Syracuse N.Y.*

Trade *Carpenter* Size of allotment *None*

Nature of allotment.....

How much under cultivation?.....How much can be cultivated?.....

When you leave Carlisle do you expect to return home? *Yes*

What do you expect to do for your livelihood? *Farming*

Have you previously worked at farming? *Yes*

Where? *Home* How long? *4 mos.*

Have you worked at a trade? *No* What trade?.....

Where?..... How long?.....

Remarks.....

.....

Date *Mar 1 1907*

Readmitted 1134

# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child..... Albert White ..... Indian name is

Name of Father..... John White .....

Name of mother..... Rosy Isaac ..... Tribe..... Onondaga .....

Reservation..... Degree of Indian blood of child 3/4 .....

Is either parent white, if so, which?..... no ..... Are either or both allotted?.....

On what reservation?..... Age of child..... 19 ..... What

reservation school attended?..... How long?.....

If ever enrolled in a nonreservation school, name of school..... Carlisle .....

When?..... Oct. 1900 ..... How long?..... 5 years ..... If ever

dismissed from a school, where,.....; when,.....

and for what reason?.....

(Signed.)..... Albert White .....

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, Albert White..... ~~parent, guardian or next of kin~~ of the

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..... Carlisle, Pa ..... on the..... 23d .....

day of..... September ..... 1905 .....

(Signed.)..... Albert White .....

(Parent, Guardian or next of kin.)

## 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..... day of....., 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,

Readmitted

**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



APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Albert White Indian name is

Name of father

Name of mother, Rosa Isaac Jacob Tribe Onondaga

Reservation, Onondaga Degree of Indian blood of child, Full

Is either parent white, if so, which? Are either or both allotted?

On what reservation? Age of child, 18 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,

and for what reason?

(Signed.) Alg. Albert White

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, , 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 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 , and have found physically sound, and recommend

the transfer so far as health conditions are concerned. Dated at

on the day of , 190

(Signed)

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.

Discharged First Quarter 1906.

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\_\_\_\_\_

*Indian school file*

*Handwritten signature in red ink at the top of the page.*



Onondago. N. Y.

# Record of Graduates and Returned Students.

U. S. INDIAN SCHOOL, CARLISLE, PA.



NAME Albert White June 1, 1910.

1. Are you married and if so to whom? Yes to ~~Miss~~ Josephine June

2. What is your present address? Onondago castle Syracuse N. Y.

3. Did you attend or graduate from any other schools after leaving Carlisle? Yes Give names of schools and dates if possible. Philadelphia education home

4. What is your present occupation? corn

5. Tell something of your present home. sometimes I go to church Sunday School on Sunday. And we play a laycross team here Onondago

6. What property in the way of land, stock, buildings or money do you have? I want to use something

7. Have you been in the Indian Service? In what positions? How long in each?

yes



White, Albert - 1134 Ex-stu.

Returns of deserter -	103
Returned home (mother's file)	1970
Correspondence	3157



1134

# PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL White, Albert DATE 12/5 1908

AGE 22 YEARS } NEW } STUDENT. TRIBE Onondaga STATE N.Y.  
RETURNED }

DEGREE OF INDIAN BLOOD \_\_\_\_\_

INSPECTION Good development.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE \_\_\_\_\_  
RESP. MURMUR Normal

HEART SOUNDS \_\_\_\_\_

MENSURATION { INSP. 38 1/4 RESPIRATION 16 PULSE 92  
EXP. 34

TEMPERATURE 98 degs. HEIGHT 5 FT 4 1/2 IN. WEIGHT 159 LBS.

VISION 10/110 VACCINATION 11/24/08 Unsuccessful. Rev. 1/20/09

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			yes	?
MOTHER	yes	good		
BROTHERS				
SISTERS	1	good		

PERSONAL HISTORY: Good health

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



READMITTED.

1134

NAME

White, Albert

TRIBE.

Onondago.

PARENT OR GUARDIAN

John White.

DATE ENROLLED.

Sept. 23, 1905.

TERM.

5 Years.

AGE.

19.

HOME ADDRESS.

Syracuse, N.Y. R. F. D. No .5.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	
June 08.	6	Ret. from outing								Good	Good.	
Jan 09	8	medium Ex		Farm	Good	Ex	322	Fair	Poor	Good	Fair	
July 09		Outing		"	Fair	Poor	Farm	Poor	"			



