,124
Name albert White Tribe Onondaga Age 14
Name West Stribe Tribe Monarga Age T.
Entered Nov 1900 Address Syracuse M. y.
Trade Caspenter Size of allotment Mone
Nature of allotment
How much under cultivation?
When you leave Carlisle do you expect to return home?
What do you expect to do for your livelihood? Frakming
Have you previously worked at farming?
Where? Home How long? 4 mes.
Have you worked at a trade? Mo
Where?
Remarks
Date. Mar. 1. 1907
Date . V. I. V. Co. T

Readmitted 1134

# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION

Full name of child. Albert Mite, Indian name is
Name of mother, Rosy Isaac Tribe Onondaga
Reservation, Degree of Indian blood of child 3/4
Is either parent white, if so, which?
On what reservation? Age of child, 19 What
reservation school attended?
If ever enrolled in a nonreservation school, name of school, Carlisle
When? Och 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 impart; if not, by the parent, guardian or other person congizant of the facts
I. albert White perent, 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. Ta on the 234
day of September 1905 albert White: (Signed.) (Parent, Guardian or next of kin.)
PHYSICIAN'S CERTIFICATE
I hereby certify that I have personally examined the above-named.
the transfer so far ashealth conditions are concerned. Dated at
on the
(Signed)
AGENT'S OR SUPERINTENDENT'S INDORSEMENT
, 190
The statments concerning the above-named
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	h pupil came:
Date of enrollment,	190
Date of discharge,	190
Cause of discharge,	190

1134

### A PPLICATION 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 Conondaga
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?
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?
(Signed.) Signed.) Albert White.
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 at
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 ashealth 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 oneourth Indian, preferably full Indian.

### CONSENT OF

FOR THE ENROLLME	ENT OF
IN THE INDIAN SCHO	OOL AT
For the term of	years
Name of agency or place from which	h pupil came:
Date of enrollment,	190
Date of discharge,	190
ause of discharge,	190

Ononaugo. n. y.

## Record of Graduates and Returned Students.

U. S. INDIAN SCHOOL, CARLISLE, PA.

Que 1 1910.
NAME (Mary Iffute)
1. Are you married and if so to whom? Hes to married and if so to whom?
2. What is your present address? Approchage bastle Syracuse ny
3. Did you attend or graduate from any other schools after leaving Carlisle? Give names of
schools and dates if possible Alalelphria selection
home
4. What is your present occupation?
*
5. Tell something of your present home sometime of your to Church
sunday Sahvol on sunday.
Ond we pluy a layeros steam here amonday
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?

8. What o	ther positions have you held since leaving Carlisle?
1	LES ANDRAN SCHOOL CARLET P. DA
9. Tell me	anything else of interest connected with your life:
lo soome	4. Did you intend as graduate from pay other schools after leaving Carbale? A. Lal. Give
	here here
-	a supplied to the state of the
	T. Have you here in the Indian Service? In what positions? How long in cain?

134 PHYSICAL RECORD,

1.	1	LISLE INDIAN SCHO		
NAME OF PUPIL	white	- albe	it	DATE 12/5 19/8
AGE 2 YEARS RE	NEW STUD	DENT. TRIBE	daga	STATE Ny.
DEGREE OF INDIAN BI	LOOD			U
Inspection So	d des	nelapmus	A.	
		1		
PALPATATION NO	mal	C		
PERCUSSION	oma	2		
	***************************************			
Auscultation Resp.	NANCE	ound		
HEART SOUNDS				***************************************
		RESPIRATION		
TEMPERATURE 98	~	TT 5 _ 1	+/2	159
10,	degs.	11/24/	s).	WEIGHT LBS.
	degs.	VACCINATION	8 Unew	WEIGHT 5 9 LBS. ccusful Rev. 120/0
VISION // 0 FAMILY HISTORY:	Living.			
		Condition of Health.	Dead.	Cause of death.
FAMILY HISTORY:		Condition of Health.		
FAMILY HISTORY:		Condition of Health.	Dead.	
FATHER		Condition of Health.	Dead.	
FATHER  MOTHER  BROTHERS		Condition of Health.	Dead.	
FAMILY HISTORY:  FATHER		Good good	Dead.	

(over)

HOSPITAL RECORD.							
	*						
EXAMINATION	I FOR OUTING.						
EXAMINATION FOR OUTING:							
DATES:	Conditions:						
DATES:							
DATES:	Conditions:						
DATES:	Conditions:						
DATES:	Conditions:						
DATES:	Conditions:						
DATES:	CONDITIONS:						

READN	TTT	ED.	113	4							No.			
READMITTED. //3 4.  NAME. PARENT OR GUARDIAN.														
White, Albert Onondago. John White.  DATE ENROLLED. TERM. AGE. HOME ADDRESS.														
DATE ENROLLED. TERM				AGE.			I	HOME ADDRESS.						
Sept. 23, 1905.				5 Years.			19.	19. Syracuse, N.			N.Y.	R. F.	D. No .5.	
DATE OF RECORD	ACADEMIC DEPARTMENT.		RTMENT.	INDUSTRIAL DEPARTMENT.					OUTING		SPEC	IAL REMARKS.		
DATE OF RECORD	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct	Room No.	Neatn	ess (	Conduct.	Ability.	Conduct.		
June 08	26	Ret . fe	on outing								good	Good		
Jan 109	8	medium	Cx'	Farm	Good	24	322	Fai	in	Poor	Good	Fair		
June 08. Jan 199 July 09		Out	ing	"1	Fair	Pour	Harm	Par	or	19				
0			7											
7														
9.00														
											, ,			

441037 3M-4-09

1134, REPORT AFTER LEAVING CARLISLE
albert White,

PRESENT NAME

FRES	PRESENT NAME										
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE						
1911	Tell	Onondaga Castla	2 Farmer								
1	Ī	/									
7											
			,								
		1									
	THE RESERVE AND ADDRESS OF THE PARTY OF THE				The state of the s						

While, albert - 1154 Eyster. Returned home (mother's file) Correspondence 103 1971 3157