

1540 CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 34 53	ENGLISH NAME Robert Thompson	AGENCY	NATION Seneca					
BAND	INDIAN NAME	HOME ADDRESS Moses Thompson Gowandjly						
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, Living	MOTHER, Dead	Full	13	4-10	89 1/2	31	28 1/2	M.
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE				
Sept 9, 1905	5 yrs.	Sept. 7, 1910		Time out				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
APR 8-1907	Phares Graybill Litz, Pa #2					Trans.		
8-31-07	Yes. S. Endalox. Mt. Joy, Pa.					8-31-10		

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33677

Months in school before Carlisle, 24

Grade entered at Carlisle, 2
6

Grade at date of Discharge, 2

Trade or Industry, Farming

Presbyterian

Miles to sch. 1

came Sept 9 13-40

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child..... Robert Thompson Indian name is
 no name Name of Father..... Moses Thompson
 Name of mother..... not living Tribe..... Seneca
 Reservation..... Cattaraugus Degree of Indian blood of child..... full
 Is either parent white, if so, which?..... neither Are either or both allotted?..... yes
 On what reservation?..... Seneca Age of child..... 13 What
 reservation school attended?..... Orphan School How long?..... 2 terms
 If ever enrolled in a nonreservation school, name of school,..... District School
 When?..... in 1903 How long?..... 2 If ever
 dismissed from a school, where..... never ; when.....
 and for what reason?.....
 (Signed.)..... Robert Thompson

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..... consent my son to go parent, guardian or next of kin of the
 above-name child,..... Moses Thompson 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..... Oranunda N.Y. on the..... 24th
 day of..... Sept. 190..... 8
 (Signed.)..... Moses Thompson
 (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, preferably full Indian. Special cases beyond the age limit can be given consideration.

hand made

CONSENT OF

Moses Thompson

FOR THE ENROLLMENT OF

Robert Thompson

IN THE INDIAN SCHOOL AT

Carlisle Pa.

For the term of *Five* years

Name of agency or place from which pupil came:

Goranda, N.Y.

Date of enrollment, *Sept. 8* 190*5*

Date of discharge, _____ 190

Cause of discharge, _____ 190

1540

NAME. Thompson, Robert.		TRIBE. Seneca.	PARENT OR GUARDIAN. Moses Thompson.	
DATE ENROLLED. Sept. 9, 1905.		TERM. 5 Years.	AGE. 13.	HOME ADDRESS. Gowanda, N. Y.

DATE OF RECORD	ACADEMIC DEPARTMENT.		INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct	Room No.	Neatness	Conduct	Ability.	
<i>Apr. '07</i>	<i>2</i>	<i>V. Good</i>	<i>Medium</i>							<i>Good</i>	<i>Good.</i>
<i>Jan. '09</i>		<i>Outing</i>								<i>Good</i>	<i>Good</i>
<i>July '09</i>		<i>"</i>								<i>"</i>	<i>"</i>
<i>Jan. '10</i>										<i>"</i>	<i>"</i>
<i>July '10</i>										<i>"</i>	<i>"</i>

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N.Y. 8'16
Sereca

Name of Student		Robert Thompson		Home Address		Moses Thompson, Towanda, Pa. n.y.													
Age at Entrance	13	Date of Entrance	Sept.-9-1905	Shop		1910	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron	Geo. S. Endslow		Locality			Days in School	18	19	15								17	19	
Address	Mt Joy, Pa.		R. R. Station	Mt Joy, Pa.		Conduct	Gd	G.	G.	G.	G	G	G.	G.	G.	G.	G.	G.	
Recommended by			Grade in School			Ability	Gd	G.	G.	G.	G	G	G.	G.	G.	G.	G.	G.	
Grade of Home			Church	Presbyterian		Health	Gd	G.	G.	G.	G	G	G.	G.	G.	G.	G.	G.	
Date of Outing	Aug-31-1907		Date Returned	8-31-10		Wages				10	12.	12.	10.	9.	9.	9			
							Earnings												
								July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
								G	G										
								G	G										
								G	G										
								12.	12.										

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

1540
 Mt Joy Pa Dec 26 1912
 Name Robert Thompson
 (Please give name by which enrolled and also present or married name.)
 Tribe Seneca
 Present Address Mt Joy Pa.
 Former Address Mt Joy Pa.
 (Address from which we heard from you last.)
 Present Occupation Farming.
 Remarks:

1540

Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

June 12

1911.

NAME

Robert Thompson

1. Are you married and if so to whom?

no

2. What is your present address?

mt joy Pa

3. Did you attend or graduate from any other schools after leaving Carlisle? *no* Give names of schools and dates if possible

4. What is your present occupation?

farming

5. Tell something of your present home

Lancaster County

6. What property in the way of land, stock, buildings, or money do you have?

I have forty five dollars on interest and part of my summer wages

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

no

8. What other positions have you held since leaving Carlisle? *Working days work*

9. Tell me anything else of interest connected with your life:

Thompson Robt.
Correspondence

Ex-stu

1540
4516