

1542

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3383	ENGLISH NAME Alexander Abrams	AGENCY Allegheny Reserve	NATION Seneca					
BAND	INDIAN NAME	HOME ADDRESS May Jinson, Amos Abrams, Carollton, N.Y.						
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, Dead	MOTHER, Living	1/2	21	5-8	137	36 1/2	33 1/2	M
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE				
April 16, 1905	Five years	Nov. 10, 1905		Married man				
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		
Aug 10, 05	On leave home							

THE SHAW-WALKER CO., MUD MEGON-CHICAGO 33877

Months in school before Carlisle,

Grade entered at Carlisle, 2d

Grade at date of Discharge, 2nd

Trade or Industry,

Church,

On leave and did not return

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APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Alexander Abrams Indian name is
Alexander Abram Name of father Alexander Abrams
Name of mother, Mary Jamison Tribe Seneca
Reservation, Allegheny Degree of Indian blood of child, $\frac{1}{2}$
Is either parent white, if so, which? No Are either or both allotted? yes.
On what reservation? Allegheny Age of child, 21 What
reservation school attended? None How long? _____
If ever enrolled in a nonreservation school, name of school, Duquesne School
When? '98-1900 How long? 2 yrs. If ever
dismissed from a school, where, above; when, 1902
and for what reason? sickness.
(Signed.) Alexander Abrams

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, Alexander Abrams, 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 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

Card made

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

Alphonso Graham

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REGISTERED

REGISTERED

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