BRIEF.

Application of
Miller H. Plun

Mitchell Application of

Carlisle, Pennsylvania

Date of enrollment. Term of enrollment,



Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

	For and in consideration of the	he Writed States assuming t	he care, e	ducation,	and mainte	enance in
	the United States Indian School at	Carlisti	Ka	l'i	, ,	, of
.002	(Name of child.)	go, male, I,	(P	arent, guardia	n,, or next of k	4)
	of Mrd Huss Pl	Ø., State of	, de	o hereby	voluntarily	consent
	and agree to enrollm	ent in said school for a per	iod of fu	year s than 3.)	s, and also	obligate
	and bind myself to abide by all th	Real W	Indian sch	nools.	0	10/10
	I further say that the said chi		all of	blood	(Date,)	cr 10/189
	that the father, ON Name of fath	er.) (Is or was.	Degree.)	ndian of t	he Ol	ulca
	Tribe located at Valamance	Agency; that he left th	ne tribe ab	out.	oproxim at e date	;
	that the mother, Laure.	Shoryonas (Is or was,)	afull I	ndian of t	he Ver	elca
	(°)	Agency, and left the tr	U	_		; that
	the said child was born and reared	l in the United States, and	l now actu		es therein;	and that
	he has attended the following so	chools:	0			
0	NAME OF SCHOOL-PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT-	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	Cause of Discharge,	GRADE.
Le	wakes Boarding	_				
els	o School	unesassa hy	,			
de	dian#3	Mad House "		****************	***************************************	
	This day of	ig, 190 9,				
	Two witnesses:		Milli	121	Plus	
4	or, so, juice as	1	(Ph.	quardian, or	next of kin.)	in his
	NOTE.—Every blank in this application mus		P. O.,	riting, if possi	ble. The signat	ure, whether
	by mark or otherwise, must be attested by two with	esses.)/				
	1, Melir K. Chus	AFFIDAVIT. une , do hereby	swear tha	t the state	ements ma	de in the
	above application are true.	76.0	11: 1	1/4		
	OF STATE OF	(Signature of	applicant.)	(Parent, gu	uardian, or next	of kin.)
	Sworn to and subscribed before	re me this day of	13. Th	7. Ca	fz., 190	9
	(NOTE.—This application and affidavit must living; if the parents are dead, by the guardian or no		d to administer	oaths by the p	11 11	m the child is

TO WHOM IT MAY CONCERN:-

	This is to certify that	Mitchell Shon
has attended the	Indian	
Red House	N.Y., from Sept.	16 1908
to Jan. T.	190 9. Inc.	
Red House,	N.Y.	
	7 1908.9 Maris	
	Marie	tte C. Kelley.
· ·	apoplaka indiana	Teacher.

Certificate of Physician.
I Martine , a practicing physician of Salamanea
71 M
M. M. do hereby certify that I have carefully examined Mutchell Shong
the child named in this application, and find that sis in proper physical condition to attend
school, and is not afflicted with tuberculosis or other disease which would be a menace to the health
of other pupils.
This 9 day of January, 1909 Marting D
О 1 — — — — — — — — — — — — — — — — — —
Vouchers of Disinterested Persons.
Voucher No. 1.
I, Willett B. Jinureau, a former (Business, calling, or profession.) Red Hause U.Y., do hereby certify that I am personally acquainted with Phummer who makes the foregoing application; that I believe his state-
Business, calling, or profession.)
day with that I am personally acquainted with
who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Mitchell Sharger.; that
he is known and recognized in the community in which he lives as an Indian; that in my opinion
he can not receive proper and adequate schooling at home for the reason that
W. B Simure
This day of Jury 1909,
This day of July 190 9 3
Voucher No. 2.
(Smith B & Donal & Ati
Of (Business, calling, or profession.)
do hereby certify that I am personally acquainted with
William Chummel, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Mitchell Thongo; that
he is known and recognized in the community in which he lives as an Indian; and that in my opinion
he cannot receive proper and adequate schooling at home for the reason that
ne cannot receive proper and dacquate sensoning as monte out and many many
0 1 2 23 1
n' family mintery
This day of , 190

Certificate of School Physician.

I hereby certify that	On(As soon after arrival	, I made a careful examination
of the physical condition	of	, the child named in the fore-
going application, and for		
I therefore recommer	d that the said child be	enrolled in this school.
Thisday of		, 190
3.	Text and	School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.

CARLISLE INDIAN INDUSTRIAL SCHOOL BAND BLOOD FROM COUNTRY TO COUNTRY THE SHAW-WALKER CO., MUSKEGUA. 79104 Moutus in school before Carlisle. Frade entered at Carlisle, Grade at date of Discharge, Trade or Industry,

CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT Deneca 4946 HOME ADDRESS INDIAN NAME Mellie M. Plummer Red Honse, M. y.

GE HEIGHT WEIGHT FORCED INSP. FORCED EXPR. SEX. BLOOD PARENTS LIVING OR DEAD m Full 18 MOTHER, FOR WHAT PERIOD until 1914. See other side Sept. 30, 1914 uly10, 1913. Termin alwir PATRONS NAME AND ADDRESS TO COUNTRY 8-5-14 Enrolled Sept. 30, 1909, for 5 years. Ran-4-30-13, dropped 5-30-13. Researabled 7-10-13 to complete term

(over)

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

9	Shan	· 5m.1	1.0	LDATE Apl. 2 19/1					
NAME OF PUPIL	ron	go mu	nec	DATE 19					
AGE Y YEARS RETURNED STUDENT. TRIBE LUCA STATE NY.									
DEGREE OF INDIAN B	LOOD								
				£					
PALPATION DO	ma	L							
PERCUSSION	rmo	l							
***************************************	70	1							
Auscultation Resi	P. MURMUR	romal							
HEART SOUNDS	Lorn	ral							
MENSURATION (Exp.	282	RESPIRATION	8	PULSE 72					
TEMPERATURE 99 degs, HEIGHT 5 FT 2 7 KIN. WEIGHT 0 LBS.									
TEMPERATURE	degs	, HEIGHTFI		. WEIGHT					
VISION / 0 /)				. WEIGHT					
VISION / O /) FAMILY HISTORY:		Vaccination		7					
VISION / 0//			Dead.	Cause of death.					
VISION / 0//	Living.	Condition of Health.	Dead.	Cause of death.					
VISION FAMILY HISTORY:	Living.	Condition of Health.							
VISION / D / FAMILY HISTORY:	Living.	Condition of Health.	Dead. Yus	Cause of death.					
VISION FAMILY HISTORY:	Living.	Condition of Health.	Dead. Yus	Cause of death.					
VISION FAMILY HISTORY:	Living.	Condition of Health.	Dead. Yus	Cause of death.					
VISION FAMILY HISTORY:	Living.	Condition of Health.	Dead. Yus	Cause of death.					
VISIONFAMILY HISTORY: FATHERMOTHERBROTHERS	Living.	Condition of Health.	Dead. Yus	Cause of death.					
VISION	Living.	Condition of Health.	Dead. Yus	Cause of death.					
VISION	Living.	Condition of Health.	Dead. Yus	Cause of death.					
VISION	Living.	Condition of Health.	Dead. Yus	Cause of death.					
VISION	Living.	Condition of Health.	Dead. Yus	Cause of death.					

Hospital Record								
<u> </u>								
<u></u>								
EXAMINATION FOR OUTING:								
Dates:	CONDITION							
DATES:	Condition:							
DATES: ape 2-1910 120-1911 Sept, 5-1912								
ape 2-1910 1,-20-1911 Sept, 5-1912								
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ape 2-1910 1,-20-1911 Sept, 5-1912								
ape 2-1910 1,-20-1911 Sept, 5-1912								

Oct. 21st. 1914.

Mr. Mitchell Shongo,

Gowanda, New York.

My dear Friend:

Replying to your letter of October the 19th, this is to state that you cannot be allowed to return to Carlisle.

It is helieved that every chance was given you during your former period of enrolment here to make good use of your time and that Carlisle cannot do anything additional for you in the way of educating you.

Very truly yours,

HKM.

Supervisor in Charge.

Towanda, 1.7. Oct. 19, 1914. My dear sir, I just want to write a few lines to you this morning, to let you know that I am well. Will you please let me come back to the school this fall, and I will make the best use of it, and behave my self and be a good boy. I will pay my faire to Carlisle. fust gave me another chance to go to school.

I am yours truely, mr. mitchell Shongo Goranda, n.y. % abbie Doptator.

544

July, 21, 1913.

Mrs. Nellie Plummer,

Red House, N. Y.

My dear Madam:

Your son Mitchell Shongo returned to school on July 10th and he has again been listed as one of our students. I hope we shall not have to report further misconduct on his part.

Very truly yours,

Superintendent.

HKM-GL

REPORT OF Mitchell	Shongo pupil of Carlisle Indian
School, who went 4 - 6 - 10 to 1	ive with 14. C. Hoeler
of Newville	R7DH2
(Post Office)	alterton Pa Railroad Station
(State)	
	Good
	Good
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	Good
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	# # FO
	\$4.50
	? Yes
	None
	=
AND THE RESERVE THE PROPERTY OF THE PROPERTY O	
The state of the s	-
In what grade is pupil at present?	
	hool? Attends church and Sunday School.
Distance to church	mile
Is there a Catholic church in locality	? NO
Who compose patron's family?	Four
What other help is employed?	None, except during harvest.
Locality of home	Little Washington, Dublin Gap.
Home life and environments	Medium
Trade at school	
Nature of work	General Work
Pupil's age Experience.	

He would like to return in the fall.

Any general statement or wishes of patron or place, people, and pupil:	discovered to the about 1 year of a poole
	Septiment of the second of the
Character Parallel	
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	Locality of bone
	Наше 100 в на принципри
(6)	30000 kg 02000p

REPORT OF Mitchell Shango	pupil of Carlisle Indian
School, who went 12 8 1911 to live with Urah	Bishof (Patron)
of Easten,	(Latron)
(Post Office)	(County)
(State)	Railroad Station
Conduct Fair to Hook	***************************************
0 - 0	
Ability	
Economy	
Situation of Room & The fle	ar
Condition of Room	······································
2 - 1	
Wages 48 per munth	
Are careful accounts kept by patron?	
Are careful accounts kept by pupil?	
Number of days at school	
Distance to school	
Grade or quality of school	
Name and address of teacher	
Qualifications of teacher	
In what grade was pupil at Carlisle?	
In what grade is pupil at present?	
Attends what church and Sunday school? Testuy!	man
Distance to church 3/2 of a Ana	le
Is there a Catholic church in locality?	
Who compose patron's family? Man & wife con	al daughter
What other help is employed?	
Locality of home Hear Framersoc	lle la
Home life and environments June	
Trade at school None	
Nature of work General fam Ch	eares
Pupil's age 15 Experience Ohne yea	

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

													1622	
Mitco DATE ENPOLLED.	h.	She	ng	TRI	BE. Ger	rec	a/	PAI	RENT OR GUA		11.		Phen use,	
DATE ENROLLED.			PERM.	-		A	GE.	НО	ME ADDRES	nel	fee	16,	Itus.	muer,
dept.	30,	1909	9.4 =	54	low,		14							
DATE OF RECORD	ACA	DEMIC DEPA	RTMENT.	MYDUSTRIAL DEPARTMENT.			DORMITORY,				TING		SPECIAL REMA	RKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct,	Ability.	Conduct			0
Jan . 10	2	Scholarship M. Good	V. Loon	Sam	. good	9000	17	good Fred	good great	•	0.			
Vauly 10	3	m.	a. 9.	Sun	",	11				Fair	Food	_		
Jan 111		311 10 9		I.	14	- 61		Fred	grad					
Oruly 11	3	Good	Va.					0						
DEC!II			. 5					2.9	1.9					
								0	0					
				N-										
		- 2												
		1972												
		W.												

1622 CARLISLE INDIAN SCHOOL											
No.4946 Mitchel	NAME.	non	00	AGE.	Se	TRIBE,	a	DEGREE OF INDIAN BLOOD.	NAME OF ACTION, IF I POST OF	ENROLLED	IF NOT,
DATE ENTERED. Date E				Distance to nearest public school from pupil's home.		REMARKS. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)					е,
Sept. 1913 april 1914			20 4/2 20 5		8-3	To Coun		FROM	SE	0.0	914
					(Pre	sby.
Progress	from_				,		, t	0			~ 16ae ~
· FIRST YEAR IN	THIS S	CHOOL	(Date)	. oc	т.	NOV.	DEC.	JAN.	(Date	MAR.	APR.
Class or grade											
Academic	sta										
(Depart Musical: Band Vocal Orchestra	ment) sta: sta:	nding*.	-								
Deportment	sta	nding*									
Physical conditi	on										
Remarks:					-()					

August 7th, 1914.

Mr. Mitchell Shongo,

Red House, N.Y.

My Friend,

I have your letter of the 6th requesting the balance of your money and enclose herewith check for 40.34 clasing your account.

Your friend,

W.H.M.

Supervisor in Charge.

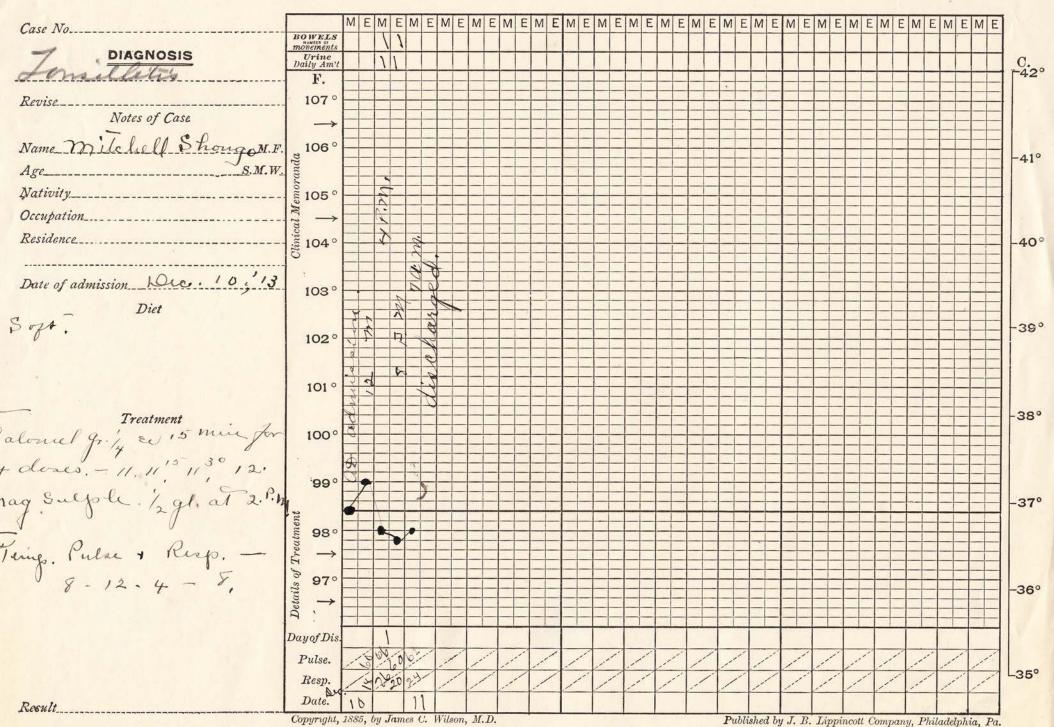
Rec/ House, n.y. Aug. 6, 1914. Dear sir, Varrired home, and am going to work right away and behave my self from now an. I have money in the at the school will you please send it to me at once as I need it very much. I am yours truely, mitchell Shongo.

NO			
INO	 		

United States Indian School Hospital

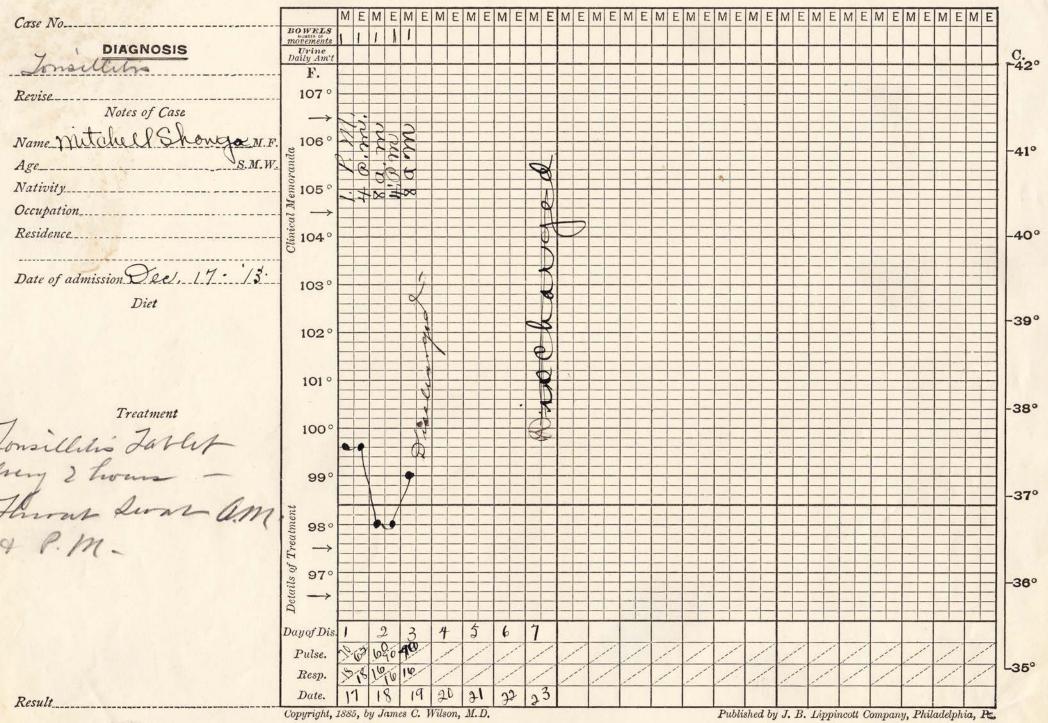
Carlisle, Pennsylvania

YEAR 9	3.
Tribe	Full. One
NAME Mitchel	Thongo
AGE	
DIAGNOSIS Imillitis	
ADMITTED Dec 10	DISCHARGED Dec 11.
RESULT	4
VISITING PHYSICIAN:	RESIDENT PHYSICIAN:
a. R. allese.	At Menger.
Remarks:	



		-							
Patient	m	Ichel	u s	hou	q o Carlisle, Pa. Dec		O 191 3 Physicis	an D	ally and much
Addres	s)		Nurse	Mai	ceda Chew.
					Medicine	H.	Nourishment		Remarks
730	98%	1-		11 as	Calonel gri/2 Calonel gri/2 Calonel gri/2 Calonel gri/2 Mag. Sulph. 1/2 g) .		9 00	" Ballud +
12-	99	60.	18.	115	Calomel gri/	, (1)	,		, In Bed
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G.	97%	-60	20	12.	Calonel gr	(4)			
				2.1.1	mag. Sulph. 1/2 g	J.	Sys-dus' (a.)	<u>)</u> _ 5	7
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					Dec. 11-13				
74.m.	98	62	34						

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Copyright, 1913, by James C. Wilson, M.D.

Patient Mitchell Showago Carlisle, Pa. Dec 17, 1913 Physician Nurse Springer & Chew Address T. P. R. H. Medicine H. H. Nourishment H. Remarks Dec. 18,1918 A:00 78.4 70 18 800 tonsileletistel 4100 78.462 18 1000 8 a, m 9 8 60 16 1201 ... 4:0m 98 10 16 2,0 ... 8am 99 70 16 460 1. 800 Lee. 1913 800 tonsellitestab.

PUPIL'S DENTAL RECORD.

School	E	Mitchell Show	Graning	Age 17 Sex $\frac{M}{2}$
Date of	f exami	nation Let ober 20	3 9 10 11 12 13 14 15 13 14 15 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	, 191
NO.	SUB. NO.	CONDITION OF TEETH, AND WORK REQUIRED.	WORK ACTUALLY DONE.	DATE, 191
18	3	Good Filling Cleaning	Amalgam.	10/20/13
		J.	J	

		*		

		200000000000000000000000000000000000000		
		•••••	***************************************	

June 15th, 1914.

Mr. G. H. Ansloy, Special Agent, In Charge New York Agey., Salamanca, New York.

My dear Sir:

I return to you herewith Michael Shongo's application in duplicate for tribal payment shares due him.

The paper has been otherwise executed as was requested in the letter you addressed to Michael on May the 6th and it has been noted thereon that he is enrolled here under the name of Mitchell Shongo.

Very truly yours,

Encls.

HKM.

Supervisor in Charge.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address bright Dishop. Easton Fars.
Pupil's name Mitchell & Shongo
General health of the pupil Good
Has pupil been ill the past two months?
Name of disease
Name and address of the physician in attendance
Does the pupil have a cough? No
For how long has he had it?
Give the pupil's weight /.25
Has the pupil any trouble with the eyes? NO
Are the eyelids inflamed?
Remarks:

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address Uriah Bishop Oaston R 3#
Pupil's name Mitchell Shongo
General health of the pupil Good
Has pupil been ill the past two months?
Name of disease
Name and address of the physician in attendance
Does the pupil have a cough? No
For how long has he had it?
Give the pupil's weight 125
Has the pupil any trouble with the eyes?
Are the eyelids inflamed?
Remarks:

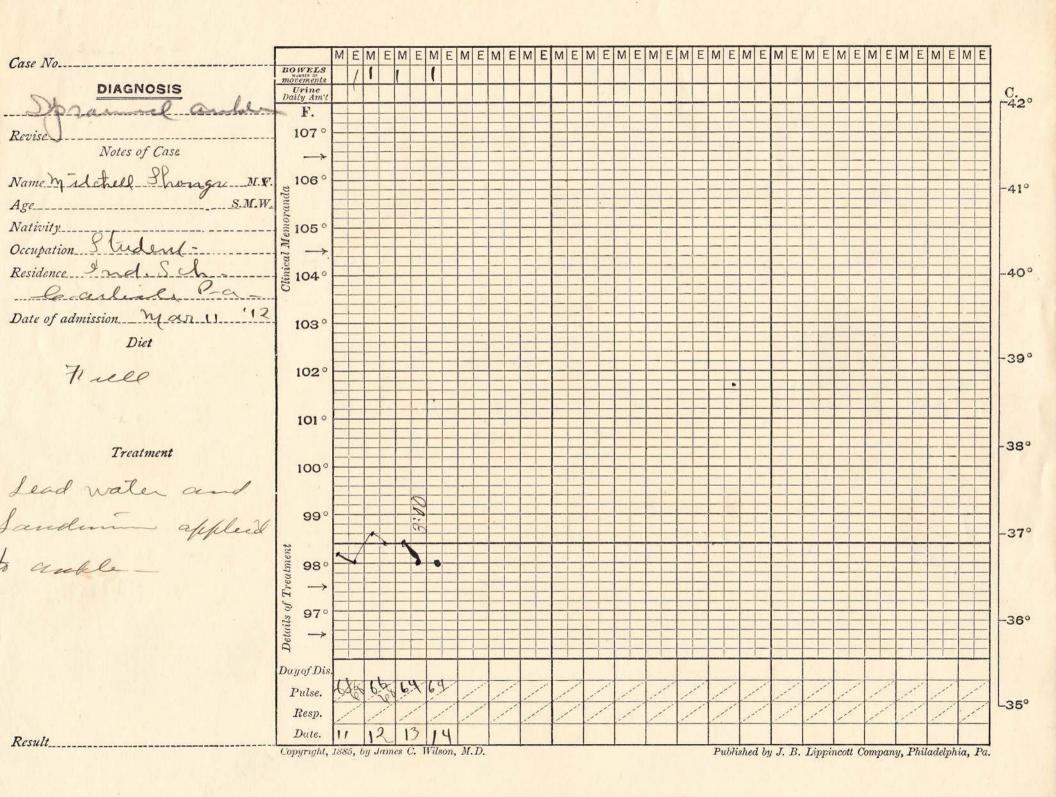
In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

United States Indian School Hospital,

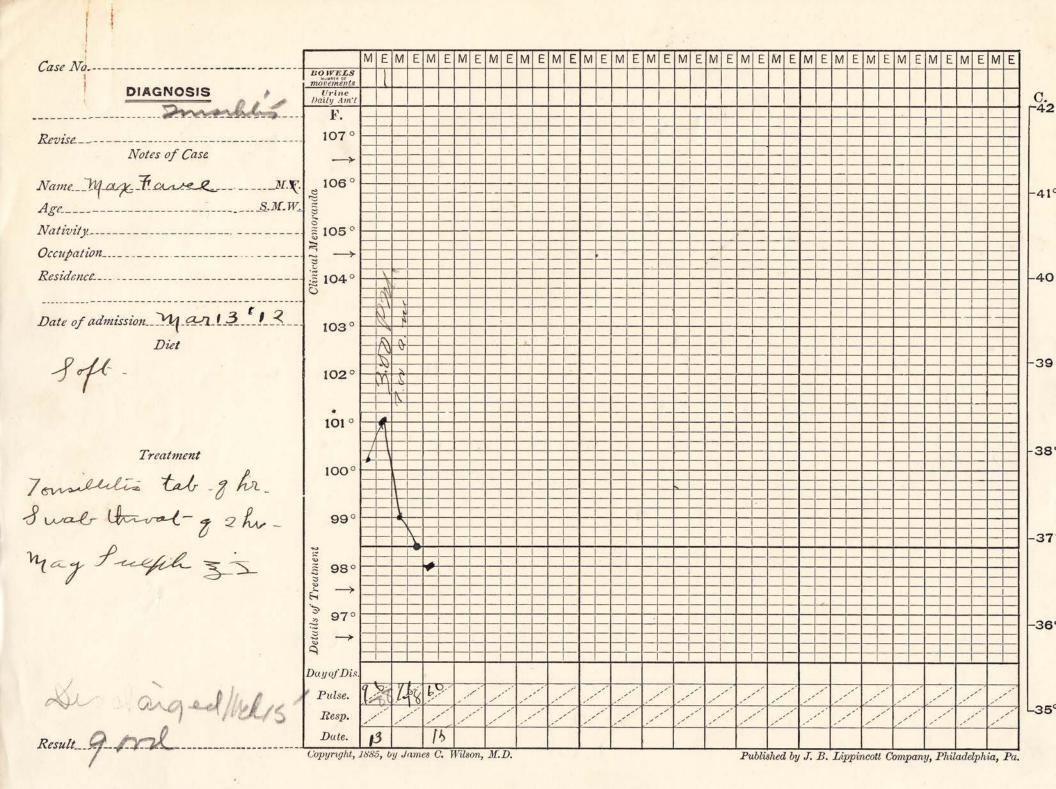
Carlisle, Pennsylvania.

YEAR /9/2

TRIBE	Full. One
NAME Mitchell	Shongo
AGE	
DIAGNOSIS	
ADMITTED Mars. 11.12	DISCHARGED Mar 12. 12
RESULT Cured	
VISITING PHYSICIAN:	RESIDENT PHYSICIAN:
9. R. allew.	H. B. Fralie
REMARKS:	



n ile	treel	The	ngo	Carlisle, Pa., VV	ar 11	191 % Physi	cian 4	la Finalie
						Nurs	e	era Pimone
T.	P.	R.	Н.	Medicine	Н.	Nourishment	H.	Remarks
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OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL
NIELLE K. Plummer.
Onas. Home Address Red House, n.y. Name of Student Mitchell Shongs, Home Address Age at 14 Date of Entrance 9-30-09, Shop

Locality MAR. APR. MAY JUNE JULY AUG. SEPT. QCT. NOV. DEC. Patron Locality

H, C, Hosler.

Address R. R. Station Days in School Newville, Pa, P, 7, D, & Newrelle.

Recommended by 9. 4 4 9 9 Conduct 7. 2777 Ability Grade of Home methodist Health Date of Outing 4-6-10 Date Returned 8-31-10 Wages grey ang. Sept Oct nov. Dic. Jan Feb. man aper may Jume Earnings Wrish Bishop Zastan, Pa. R. 4.8. "3 4-28-11 mg-1-11 YAWMAN & ERBE MFG. CO., ROCHESTER, N. Y. 441037 3M. 4-09

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

		OUTING	G RECORD -	CARLISLE	INDU	STRI	ALS	снос)L								
Name of Student Home Address Tribe																	
Age at Entrance	Date of Entrance			JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	ост.	NOV.	DEC.	TOTAL OR AVERAGE	
Patron			cality	Days in School													
Address		R. R.	Station	Conduct											193		
Recommended by			Grade in School	Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned	₩ages		Earnings													
								***						3			
			*														
												19					
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*							1/4 1/4					7.					
YAWMAN & ERBE MFG. CO., ROCHESTER.	N. Y.										To.					441037	3M. 4.09

Mitchell Shongs

PR	FS	FA	IT	N/	A MA	F

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
24		*			
1.8.1					
			•		
					0