

1631

X

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Sherman Logan - Indian name is _____

Name of father Charles P Logan

Name of mother Edmund Logan Tribe Seneca

Reservation, Cornplanter Degree of Indian blood of child, Full

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

On what reservation? Cornplanter - Age of child, 13 yrs. What

reservation school attended? Cornplanter - How long? 4 yrs.

If ever enrolled in a nonreservation school, name of school, no

When? _____ How long? _____ If ever

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

and for what reason? _____

(Signed.) Sherman Logan

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, Charles P Logan, parent, guardian or next of kin of the above-named child, Sherman Logan, do hereby consent to his

transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.

Dated at Cornplanter Pa. on the 24th

day of July, 1905.

(Signed.) Charles P Logan
[Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Sherman Logan, and have found him physically sound, and recommend

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

on the Twenty six day of July, 1905.

(Signed) J. H. Smith M.D.

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 December 31, 1905

Card made

CONSENT OF

Mr. Chas. P. Logan

FOR THE ENROLLMENT OF

Sherman Logan

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

For the term of Five years

Name of agency or place from which pupil came:

Cornplauter Pa.

Date of enrollment, 1905

Date of discharge, 1905

Cause of discharge, 1905

Vertical text on the left side of the page, including the word 'APPLICANT' and other faint markings.

APPLICANT'S CERTIFICATE

Vertical text on the right side of the page, including the word 'APPLICANT' and other faint markings.

Handwritten signature or name in the center of the page.

1631

CARLISLE INDIAN INDUSTRIAL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3540	ENGLISH NAME <i>Sherman Logan</i>	AGENCY	NATION <i>Seneca</i>				
BAND	INDIAN NAME	HOME ADDRESS <i>Chas. S. Logan, Cornplanter, Pa.</i>					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER: <i>Living</i>	MOTHER: <i>Living</i>	<i>Full</i>	<i>13</i>	<i>4'-9 1/2"</i>	<i>79</i>	<i>29'</i>	<i>26 1/2 M</i>
ARRIVED AT SCHOOL <i>Aug 6 1905</i>	FOR WHAT PERIOD <i>5 years</i>	DATE DISCHARGED <i>Oct. 11 1905</i>		CAUSE OF DISCHARGE <i>Diminished</i>			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	

THE SHAW-WALKER CO., MUSHKOGON-CHICAGO 33877

Months in school before Carlisle,

Grade entered at Carlisle, *1st*

Grade at date of Discharge, *1st*

Trade or Industry,

Church, *Catholic*

Mentally deficient

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3416	ENGLISH NAME <i>Sherman Logan</i>	AGENCY <i>Cornplanter</i>	NATION <i>Seneca</i>				
BAND	INDIAN NAME	HOME ADDRESS <i>Lehas S. Logan</i>					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER: <i>Living</i>	MOTHER: <i>Living</i>	<i>Full</i>	<i>13</i>	<i>4ft 9½</i>	<i>79</i>	<i>29</i>	<i>26½ M</i>
ARRIVED AT SCHOOL <i>Aug 7, 1905</i>	FOR WHAT PERIOD <i>5 years</i>	DATE DISCHARGED <i>October 10, 1905</i>		CAUSE OF DISCHARGE <i>Mental instability. Degenerate.</i>			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Ca. _____
 Entered at Carlisle _____ *2nd*
 at date of Discharge, _____ *2nd*
 Cause of Industry, *None*
 Church, _____

Certificate of discharge issued