

Read Instructions on this Application Blank carefully

BRIEF

Application of

Daniel Zoran

FOR THE ENROLLMENT OF

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Hogansburg, N. Y.

Date of enrollment

Jan 17th 191*6*

Term of enrollment

One (*1*) years

Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

Application for Enrollment in a Non-Reservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa., of Daniel Loran, M., I, Daniel Loran (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Hogansburg P. O., State of N.Y., do hereby voluntarily consent and agree to my enrollment in said school for a period of one years, and also obligates and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Hogansburg on July 8, 1895 (Date.) that the father, John Loran, is a 1/2 Indian of the Mohawk (Name.) (Is or was.) (Degree.) Tribe located at _____ Agency; that he left the tribe about _____; (Approximate date) that the mother, Christine Loran, is a 1/2 Indian of the Mohawk (Name.) (Is or was.) (Degree.) Tribe located at _____ Agency, and left the tribe about _____; (Approximate date) that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.

This 17th day of January, 1916.
Two witnesses:

Harvey K. Meyer Daniel Loran
(Signature of witness) (Parent, guardian, or next of kin.)
P. O. Hogansburg, N.Y.
(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, _____, do hereby swear that the statements made in the above application are true.

(Signature of applicant.) (Parent, guardian, or next of kin.)
Sworn to and subscribed before me this _____ day of _____, 191

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

Certificate of Physician.

I, Walter Rudstam, a practicing physician of Carlisle, Pa, do hereby certify that I have carefully examined Ernest David the child named in this application, and find that he is 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 16th day of Jan, 1916

Walter Rudstam, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, _____, a _____ of _____
(Business, calling, or profession.)
, do hereby certify that I am personally acquainted with _____ who makes the foregoing application; that I believe _____ statements therein are true; that I am acquainted with _____; that
(Name of Child.)
he is known and recognized in the community in which he lives as an Indian; and that in my opinion he can not receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 191_____

VOUCHER No. 2.

I, _____, a _____ of _____
(Business, calling, or profession.)
, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe _____ statements therein are true; that I am acquainted with _____; that
(Name of Child.)
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 _____

This _____ day of _____, 191_____

Certificate of School Physician.

I hereby certify that on _____, I made a careful examination
(As soon after arrival as possible.)
of the physical condition of _____, the child named in the fore-
going application, and found _____ to be _____

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 191_____

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.



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1685

NAME.

AGE.

TRIBE.

DEGREE
OF
INDIAN
BLOOD.

NAME OF AGENCY AND RESER-
VATION, IF ENROLLED; IF NOT,
POST OFFICE OF FAMILY.

N. Y.

DATE ENTERED.

Months
in
school
before
enroll-
ment
here.

IN WHAT GRADE
OR ROOM.

On
entering
here.

At date
of this
report.

Distance
to nearest
public
school
from
pupil's
home.

REMARKS.

(Temporarily absent, outing, deserters, on sick leave,
special authorities for enrollment, etc.)

TO COUNTRY

FROM COUNTRY

DATE DISCHARGED

50

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1-20-16

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Baldwinsville

New York.

67 Lock St.,

Dear sir:—

Will you please return the
money order which is ^{\$}(7.00)
seven dollars,

to Peter Hopps I send it to
Carlisle Indian School Pa.
for Daniel Foran,

But he never got the money
order.

he left there before the
money got there,

Please send it back at
once,

From Mr Peter Hopps
Baldwinsville
New York,
67 Lock St.

February 2, 1916.

Mr. Peter Hopps
67 Lock St.,
Baldwinville, N.Y.

Dear Sir:-

Your letter addressed to the Postmaster, Indian School, Carlisle, Pa. was opened by me. I have charge of the mail which comes for the boys and girls at the Indian School.

All letters which came here for Daniel Loran after he left the school, were returned to Hogansburg, New York. Daniel can get them by calling there for them.

Very truly yours

Outing Manager.