

2021

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 3665	ENGLISH NAME Abraham Cole	AGENCY	NATION St. Regis, N.Y.				
BAND	INDIAN NAME	HOME ADDRESS Peter Cole, Hogansburg, N.Y.					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INP.	FORCE EXPR.	SEX.
FATHER: Living	MOTHER: Living	Y2	13	4-7	73	272	25 1/2 m.
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE			
Sept. 12, 1906	Five (5) Years	Oct. 21, 09		Parent's Req.			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
APR 8-1907 7-17-'09	S W Yerkes Jamison Pa On leave					11-18-'08	

THE SHAW-WALKER CO., MICHIGON-CHICAGO 33877

Months in school before Carlisle,

Grade entered at Carlisle, 1st.

Grade at date of Discharge, 1st.

Trade or Industry,

Church, Catholic

Brought here by Peter Cole

2021

NAME. Cole, Abraham		TRIBE. St. Regis, N.Y.	PARENT OR GUARDIAN. Peter Cole
DATE ENROLLED. Sept. 12, 1906.	TERM. 5 Years.	AGE. 13	HOME ADDRESS. Hogansburg, 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.	Conduct	
<i>Apr. '09</i>	<i>1</i>	<i>Medium</i>	<i>Medium</i>							<i>Good</i>	<i>Good</i>	
<i>Jan. '09</i>	<i>1</i>	<i>Good</i>	<i>Good</i>	<i>Laundry</i>	<i>Good</i>	<i>Fair</i>	<i>23</i>	<i>Fair</i>	<i>Good</i>	<i>Good</i>	<i>Fair</i>	
<i>July '09</i>	<i>2</i>	<i>Good</i>	<i>Good</i>	<i>New Wash</i>	<i>Fair</i>	<i>Good</i>		<i>Good</i>	<i>"</i>			

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Cole, Abraham DATE 12/16 1908

AGE 14 YEARS | NEW RETURNED | STUDENT. TRIBE Mohawks STATE Ny

DEGREE OF INDIAN BLOOD _____

INSPECTION Fair development. Chest some-
what flat.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE _____
RESP. MURMUR Normal

HEART SOUNDS _____

MENSURATION { INSP. 31 RESPIRATION 18 PULSE 78
EXP. 27 3/4

TEMPERATURE 98 degs. HEIGHT 5 FT 1 IN. WEIGHT 105 LBS.

VISION 10/10 VACCINATION None - 12/16/08

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>2</u>	<u>good</u>		
SISTERS {	<u>1</u>	<u>good</u>		

PERSONAL HISTORY: Good health since measles
2 yrs. ago.

REMARKS:

2021

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION

SCHOOL

Full name of child Abraham Cole Indian name is an yan
 Name of Father Peter Cole
 Name of Mother Mary Cole Tribe St Regis
 Reservation St. Regis Degree of Indian blood of child full
 Is either parent white, if so, which? No Are either or both allotted? No
 On what reservation? St. Regis Age of child 13 What reservation school attended? St. Regis How long? 6 yrs
 If ever enrolled in a non-reservation school, name of school, When? How long? If ever dismissed from a school, where? when? and for what reason?

(Signed.) Peter Cole

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, Peter Cole parent, guardian or next of kin of the above-named child, Abraham Cole, do hereby consent to his

transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at Hogansburg N.Y. on the thirty-first day of August, 1906.

(Signed.) Peter Cole
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Abraham Cole and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Hogansburg N.Y. on the 31st day of August, 1906.

(Signed.) Edwin S. Klein, 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. Special cases beyond the age limit can be given consideration.

made card
S.M.

Brought here by Peter Cole

APPLICATION FOR ENROLLMENT IN A 701 RESERVATION SCHOOL

NAME: *John Doe*
ADDRESS: *123 Main St, Anytown, USA*
CITY: *Anytown* STATE: *USA* ZIP: *12345*
DATE OF BIRTH: *01/01/1950*
MARRIAGE: *Married*
CHILDREN: *2*
EDUCATION: *High School Graduate*
OCCUPATION: *Farmer*
RELIGION: *Protestant*
RACE: *White*
SEX: *Male*
HEIGHT: *5'10"* WEIGHT: *180 lbs*
HAIR: *Brown* EYES: *Blue*
MILITARY SERVICE: *None*
MILITARY BRANCH: *None*
MILITARY GRADE: *None*
MILITARY SERVICE NUMBER: *None*
MILITARY SERVICE DATES: *None*
MILITARY SERVICE TYPE: *None*
MILITARY SERVICE STATUS: *None*
MILITARY SERVICE RECORD: *None*
MILITARY SERVICE RECORD NUMBER: *None*
MILITARY SERVICE RECORD DATES: *None*
MILITARY SERVICE RECORD TYPE: *None*
MILITARY SERVICE RECORD STATUS: *None*
MILITARY SERVICE RECORD NUMBER: *None*
MILITARY SERVICE RECORD DATES: *None*
MILITARY SERVICE RECORD TYPE: *None*
MILITARY SERVICE RECORD STATUS: *None*

CONSENT STATE

I hereby consent to the enrollment of my child in the 701 Reservation School and to the collection and use of my child's personal information for educational purposes only. I understand that my child's enrollment in this school is subject to the availability of space and the approval of the school principal. I understand that my child's enrollment in this school does not constitute an admission to the school and that the school is not responsible for any injury to my child while attending school. I understand that my child's enrollment in this school does not constitute an admission to the school and that the school is not responsible for any injury to my child while attending school. I understand that my child's enrollment in this school does not constitute an admission to the school and that the school is not responsible for any injury to my child while attending school.

PHYSICIAN'S CERTIFICATE

I hereby certify that the above named individual is a resident of the 701 Reservation and is eligible for enrollment in the 701 Reservation School. I understand that my child's enrollment in this school is subject to the availability of space and the approval of the school principal. I understand that my child's enrollment in this school does not constitute an admission to the school and that the school is not responsible for any injury to my child while attending school. I understand that my child's enrollment in this school does not constitute an admission to the school and that the school is not responsible for any injury to my child while attending school. I understand that my child's enrollment in this school does not constitute an admission to the school and that the school is not responsible for any injury to my child while attending school.

AGENTS OR SUPERINTENDENT'S SIGNATURE

Signature: _____
Name: _____
Title: _____
Date: _____

Col. Abraham

2021

Leave of absence requested, Parents' File-633

Request to send home

729

Correspondence

5528