

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Peter Loyer Indian name is tier
Name of Father Mitchell Loyer
Name of mother Mary Loyer Tribe Mohawk
Reservation St. Regis Degree of Indian blood of child full
Is either parent white, if so, which? St. Regis Are either or both allotted? 10
On what reservation? No. 1. St. Regis N. Y. Age of child, 10 What reservation school attended? How long? 8 years
If ever enrolled in a nonreservation school, name of school, When? How long? If ever dismissed from a school, where; when and for what reason?
(Signed.) Peter Loyer

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, Mitchell Loyer, parent, guardian or next of kin of the above-name child, Peter Loyer, 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 29th day of August, 1908
(Signed.) Mitchell Loyer
(Parent, Guardian or next of kin)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above named Peter Loyer and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Hogansburg on the 28th day of Aug, 1908
(Signed) C. M. Cornell

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statments concerning the above-named Peter Loyer 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.

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

2032.

~~695~~

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Peter Lazore Indian name is
 Name of Father Mitchell Lazore
 Name of mother Tribe St. Regis
 Reservation Degree of Indian blood of child 1/2
 Is either parent white, if so, which? Are either or both allotted?
 On what reservation? Age of child 11 What
 reservation school attended? How long?
 If ever enrolled in a nonreservation school, name of school,
 When? How long? If ever
 dismissed from a school, where?; when?
 and for what reason?
 (Signed.)

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, parent, guardian or next of kin of the
 above-named child, Peter Lazore, 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. Special cases beyond the age limit can be given consideration.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Lazore Peter DATE Dec 19 08

AGE 11 YEARS { NEW STUDENT. TRIBE Mohawk STATE Ny.

DEGREE OF INDIAN BLOOD

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE
RESP. MURMUR Normal

HEART SOUNDS

MENSURATION { INSP. 29 1/4
EXP. 25 3/4 RESPIRATION 20 PULSE 66

TEMPERATURE 98 degs. HEIGHT 5 FT. IN. WEIGHT 110 LBS.

VISION Good VACCINATION good Rev. 7/3/08

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>4</u> | <u>good</u> | | |
| SISTERS { | <u>2</u> | <u>good</u> | | |

PERSONAL HISTORY: Convalescent from measles.

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

NAME.

Lazore, Peter.

TRIBE.

St. Regis.

PARENT OR GUARDIAN.

Mitchell Lazore.

DATE ENROLLED.

Sept. 10, 1905.

TERM.

AGE.

HOME ADDRESS.

10.

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

Apr. 08

Nov.

Good

Good

Good

Good

441037 3M-4-09

NAME AT CARLISLE

Peter Lazore

PRESENT NAME

Lazore, Peter

2032

Correspondence & parents file

815