

2468

CARLISLE INDIAN INDUSTRIAL SCHOOL.
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

NUMBER 2068	ENGLISH NAME <i>Grace Bell Scott</i>	AGENCY	NATION <i>Hoopa</i>				
BAND	INDIAN NAME	HOME ADDRESS <i>Benj. Scott. Blue Lake, Cal.</i>					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER: <i>Living</i>	MOTHER: <i>Living</i>	<i>19</i>	<i>5-5 1/4</i>	<i>138</i>	<i>36 1/2</i>	<i>33</i>	<i>F</i>
ARRIVED AT SCHOOL <i>Sept. 20, 1905.</i>	FOR WHAT PERIOD <i>5 yrs.</i>	DATE DISCHARGED <i>Oct 18 1905</i>			CAUSE OF DISCHARGE		
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	

Months in school before Carlisle,

Grade entered at Carlisle, *8th*

Grade at date of Discharge,

Trade or Industry,

Church, *Methodist*

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Came Sept 20

X

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child..... *Grace Bell Scott* Indian 1
 Name of Father..... *Benjamin Franklin*
 Name of mother,..... *Ellis Scott* Tribe..... *Troopa*
 Reservation,..... Degree of Indian blood of child..... *Half blood*
 Is either parent white, if so, which?..... Are either or both allotted?..... *yes*
 On what reservation?..... *Troopa* Age of child,..... *18*
 reservation school attended?..... *Troopa* How long?..... *1 year*
 If ever enrolled in a nonreservation school, name of school,.....
 When?..... How long?.....
 dismissed from a school, where,.....; when,.....
 and for what reason?.....

(Signed.)..... *Grace Bell Scott*

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,..... *Benjamin Franklin Scott*, parent, guardian or next of kin of the
 above-name child,..... *Grace Bell Scott*, do hereby consent to.....
 transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at..... *Blue Lake California* on the..... *28th*
 day of..... *August*, 1905.....
 (Signed.)..... *Benjamin Franklin Scott*
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named..... *Grace Bell Scott*
 and have found..... *him* physically sound, and recommend
 the transfer so far as..... *his* health conditions are concerned. Dated at..... *Blue Lake California*
 on the..... *28th* day of..... *August*, 1905.....
 (Signed)..... *G. W. Wood M.D.*

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

....., 190.....
 The statments 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.

Card made

Discharged Ind Quarter 1906

CONSENT OF

Ben F. Scott

FOR THE ENROLLMENT OF

Grace B. Scott

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

REPORT AFTER LEAVING CARLISLE

2468

Grace Bell Scott

NAME AT CARLISLE

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
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1910