

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2096	ENGLISH NAME Annie Jacobs	AGENCY	NATION Iroquois	
BAND	INDIAN NAME	HOME ADDRESS Cecelia Hyde 526 1/2 Penn St., N.Y.C.		
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT
FATHER: Living	MOTHER: Living	1/2	8	3' 10 1/2 48
ARRIVED AT SCHOOL Sept. 12, 1905	FOR WHAT PERIOD	DATE DISCHARGED 6-20-10	FORCED INSP	FORCED EXPR.
TO COUNTRY 4-9-09	PATRONS NAME AND ADDRESS F.L. Brittingham, Oxford, Md.	FROM COUNTRY 8-27-09		

miles to sch.

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Annie Jacobs Indian name is garooyuam
 Name of Father Thomas Jacobs
 Name of mother Cecelia Jacobs Tribe Iriguiois
 Reservation St Regis Degree of Indian blood of child Half breed
 Is either parent white, if so, which? Neither Are either or both allotted? No
 On what reservation? St Regis Age of child 8 years What reservation school attended? No How long? Public School Downing St N Y
 If ever enrolled in a nonreservation school, name of school, Public School Downing St N Y
 When? May 1904 How long? 1 year If ever dismissed from a school, where, St Regis; when, May 1904 and for what reason? Dismissed

(Signed.) Cecelia Jacobs

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, Cecelia Jacobs, parent, guardian or next of kin of the above-name child, Annie Jacobs, do hereby consent to transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at Tuesday 5th September at New York
 day of 5th September, 1905
 (Signed.) Cecelia Jacobs
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Annie Jacobs and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at New York City on the 5th day of September, 1905
 (Signed) Dr W. M. Keen, 85 Varick St City

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

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

Card

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

2477

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Jacob Anna DATE Dec 19 08AGE 10 YEARS } NEW } STUDENT. TRIBE Mohawc STATE Ny
 } RETURNED }

DEGREE OF INDIAN BLOOD.....

INSPECTION Scapulae prominentPALPATION NormalPERCUSSION NormalAUSCULTATION { RESONANCE.....
 { RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 25
 { EXP. 20 1/4 RESPIRATION 20 PULSE 94TEMPERATURE 97 degs. HEIGHT 4 FT 5 1/2 IN. WEIGHT 65 LBS.VISION 10/15 VACCINATION good Rec. 12/2/08MENSTRUATION Not established

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>1</u>		<u>1</u>	<u>?</u>
SISTERS {				

PERSONAL HISTORY: Has scabies

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:	CONDITIONS:
<i>Mar. 9, 1909.</i>	<i>good.</i>

NAME.

Annie Jacobs

TRIBE.

Iroquois.

PARENT OR GUARDIAN.

DATE ENROLLED.

Sept. 12, 1905

TERM.

AGE.

8

HOME ADDRESS.

Cecelia Hyde
526 1/2 Brown St.,
N. Y. City

SPECIAL REMARKS.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct.

Jan. '09

July '09

Jan. '10

July '10

Nov

Good

V. Good

Nov

Good

Ex

4

m.

Ex.

Home

Sew.

V. Good

V. Good

1-8

V. Good

V. Good

"

Good

"

Fair

Poor

18

"

"

Fair

Ex

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

134

Name of Student

Anna Jacobs

Home Address

Becilia Hyde, New York City, N.Y. Tribe Iroquois.

Age at Entrance

8

Date of Entrance

Sept. 12-1905 Shop

JAN.

FEB.

MAR.

APR.

MAY

JUNE

JULY

AUG.

SEPT.

OCT.

NOV.

DEC.

TOTAL OR AVERAGE

Patron

Locality

Days in School

Address

R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing

Apr. 9-1909

Date Returned

8-27-09 Wages

Earnings

Gd. not g.

7

Gd. U.S.

441037 3M-4-09

NAME AT CARLISLE

PRESENT NAME