

2529

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2094	ENGLISH NAME Jennie Boyd	AGENCY	NATION Menominee					
BAND	INDIAN NAME	HOME ADDRESS Allen Boyd, Keshong, Wis.						
PARENTS LIVING OR DEAD		BLOOD 1/2	AGE 16	HEIGHT 5-2 1/2	WEIGHT 98	FORCED INSP 34	FORCED EXPR. 32	SEX. F
FATHER, L	MOTHER, L	ARRIVED AT SCHOOL Aug 25, 1905		FOR WHAT PERIOD 5 yrs	DATE DISCHARGED Feb 16, 1909	CAUSE OF DISCHARGE Bad conduct		
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		

THE SHAW-WALKER CO. MUSKOGON-CHICAGO 33877

Months in school before Carlisle,.....

Grade entered at Carlisle,..... 5<sup>th</sup>.....

Grade at date of Discharge,.....

Trade or Industry,.....

Church, ... Catholic .....

# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child..... Jessie Boyd ..... Indian name is \_\_\_\_\_  
 Name of Father..... Al Boyd .....  
 Name of mother..... Sophia Krignon ..... Tribe Menominee  
 Reservation..... Menominee ..... Degree of Indian blood of child 1/4 blood  
 Is either parent white, if so, which?..... No ..... Are either or both allotted?..... No  
 On what reservation?..... \_\_\_\_\_ Age of child..... 16 yrs ..... What reservation school attended?..... Sent + Catholic ..... How long?..... 10 yrs  
 If ever enrolled in a nonreservation school, name of school..... no  
 When?..... \_\_\_\_\_ How long?..... \_\_\_\_\_ If ever dismissed from a school, where..... No ; when..... \_\_\_\_\_ and for what reason?..... \_\_\_\_\_

(Signed.) Jessie Boyd

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..... Al Boyd ..... parent, guardian or next of kin of the above-name child..... Jessie Boyd ..... do hereby consent to her transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.  
 Dated at..... Keshua Wis ..... on the..... 17th day of..... August ..... 1905  
 (Signed.) W.A. Cabant A.B. Saxon Al Boyd  
 (Parent, Guardian or next of kin.)

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named..... Jessie Boyd ..... and have found..... her ..... physically sound, and recommend the transfer so far as..... her ..... health conditions are concerned. Dated at..... Keshua Wis on the..... 17 day of..... Aug ..... 1905  
 (Signed.) Albert J. Nelson agency physician  
(vaccinate her again)

## AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above-named..... Jessie Boyd ..... are believed by me to be correct, and I hereby recommend the transfer  
 (Signed.)..... Shepard Freeman  
 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



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NAME AT CARLISLE

Jennie Boyd  
Mrs. Henry Jacobs

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1910		Gresham, Wis.	Housekeeper		