

2658

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

NUMBER 2084	ENGLISH NAME <i>Marial Hill</i>	AGENCY	NATION <i>Onondaga</i>	
BAND	INDIAN NAME	HOME ADDRESS <i>Wm Mary Hill</i> <i>Onondaga Castle N.Y.</i>		
PARENTS LIVING OR DEAD	BLOOD <i>Full</i>	AGE <i>16</i>	HEIGHT <i>5' 3 3/4"</i>	WEIGHT <i>97</i>
FATHER, <i>Dead</i>	MOTHER, <i>Living</i>	FORCED INSP. <i>28 1/2</i>	FORCED EXPR. <i>27</i>	SEX. <i>F</i>
ARRIVED AT SCHOOL <i>October 9, 1905</i>	FOR WHAT PERIOD <i>5 years</i>	DATE DISCHARGED <i>Sept. 30, 1910</i>	CAUSE OF DISCHARGE <i>Time out.</i>	
TO COUNTRY	PATRONS NAME AND ADDRESS			FROM COUNTRY
<i>9-11-06</i>	<i>Del. S. Allen, Media. Del. Co. Pa.,</i>			<i>Trans 4-9-07</i>
<i>4-9-07</i>	<i>Isaac Passmore West Chester Pa</i>			<i>4-8-08</i>
<i>1-18-'10</i>	<i>On leave</i>			

SHAW-WALKER MUSKEGON 5178

Months in school before Carlisle,

Grade entered at Carlisle, ... *3rd*

Grade at date of Discharge, ... *6*

Trade or Industry, ... *Housework*

Church, ... *Episcopal*

miles to sch. 1/2

265-8

See to Supp. Lincoln & Co
Mrs Hill Nov. 2/05

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child..... Maria Hill Indian name is

..... Name of Father..... Wm Hill

Name of mother..... Mary Hill Tribe..... Onida

Reservation..... Mondage Degree of Indian blood of child full

Is either parent white, if so, which?..... no Are either or both allotted?.....

On what reservation?.....

Age of child..... 16 What reservation school attended?..... Lincoln School How long?..... seven

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,..... Mary Hill, parent, guardian or next of kin of the above-name child,..... Maria Hill, 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.)..... Mary Hill

(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 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 made

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

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

CONSENT BLANK

PHYSICIAN'S CERTIFICATE

AGENT'S OR SUPERINTENDENT'S ENDORSEMENT

2658

PHYSICAL RECORD, CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Hills Maria DATE 12/21 1908

AGE 17 YEARS { NEW RETURNED } STUDENT. TRIBE Onondaga STATE ny.

DEGREE OF INDIAN BLOOD.....

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE.....
RESP. MURMUR.....

HEART SOUNDS Heart irregular

MENSURATION { INSP. 33..... RESPIRATION 22..... PULSE 72
EXP. 30..... 192109

TEMPERATURE 97.2 degs. HEIGHT..... FT..... IN. WEIGHT 135 LBS.

VISION..... VACCINATION good Rev 12/2108

MENSTRUATION Normal

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....			<u>yes</u>	<u>?</u>
MOTHER.....	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>4</u>	<u>good</u>		
SISTERS {	<u>2</u>	<u>good</u>	<u>1</u>	<u>?</u>

PERSONAL HISTORY:
Convalescent from measles. Has occasional headache

REMARKS:
.....
.....

2659

NAME.

Hill Maria.

TRIBE.

Oneida.

PARENT OR GUARDIAN.

Mrs. Mary Hill.

DATE ENROLLED.

Oct 9, 1905.

TERM.

5 Years

AGE.

16.

HOME ADDRESS.

Syracuse, N.Y. R.F.D. No. 5.

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
Jan. '09
July '09
Jan. '10
July '10

Ret'd - Acting
V. Good V. Good
Medium V. Good
V. good V. Good

Learn. Good Fair
Gen. Fair Fair
Learn. V. G. V. G.

8-3. Good Poor
2-37 " Good
18 " "

Fair Good

Home

