

2992

CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <b>2202</b>	ENGLISH NAME <i>Lena Jones</i>	AGENCY	NATION <i>Seneca, N. Y.</i>				
BAND <i>New York</i>	INDIAN NAME	HOME ADDRESS <i>Susan Sundown, Indian Falls, N. Y.</i>					
PARENTS LIVING OR DEAD	BLOOD	AGE <i>13</i>	HEIGHT <i>5-5 1/2</i>	WEIGHT <i>142 1/2</i>	FORCED INSP.	FORCED EXPR.	SEX. <i>F</i>
FATHER <i>Living</i>	MOTHER <i>Living</i>	ARRIVED AT SCHOOL <i>Sept. 29, 1906</i>		FOR WHAT PERIOD <i>Five (5) years</i>		DATE DISCHARGED <i>April 3-1907</i>	
TO COUNTRY		PATRONS NAME AND ADDRESS				CAUSE OF DISCHARGE <i>In delicate condition since prior to enrollment</i>	
FROM COUNTRY							

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle, .....

Grade entered at Carlisle, .....

Grade at date of Discharge, *2d* .....

Trade or Industry, .....

Church, *Prot. no choice* .....

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# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Lena Jones Indian name is .....

Name of Father Albert Jones .....

Name of Mother Susan Sundown Tribe Delaware .....

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

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

On what reservation? Longwanda Age of child, 17 yrs What reservation school attended? Sarasawandun How long? 5 yrs .....

If ever enrolled in a non-reservation school, name of school, no .....

When? no How long? no If ever dismissed from a school, where? no when? no and for what reason? none .....

(Signed.) Lena Jones

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, Susan Sundown parent, guardian or next of kin of the above-named child, Lena Jones, do hereby consent to her transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at Indian Falls N.Y. on the 15th day of Sept, 1906.

(Signed.) Susan Sundown lies x mark  
(Parent, Guardian or next of kin.)

Arithus Alva Johnson mark

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Lena Jones and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Indian Falls N.Y. on the 18th day of Sept, 1906.

(Signed.) John W. Cabell M.D.

## AGENT'S OR SUPERINTENDENT'S INDORSEMENT

....., 190.....

The statements 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.

Made card Nov. 2-06.  
Lem.

AT THE FLOOR FOR LANSOM WERT IN A NON-RESERVATION

SCHOOL

CLUBS

STUDENT COUNCIL

OFFICE OF THE SUPERINTENDENT

