Mr. M. Friedman July 27th 1908 Supt. Indian Industrial School Carlisle, Pa. Dear Sir. I would like to enter an application for one of your pufils for the winter term, providing you can send me a girl very much like the me now with me. as I explained to Mirs Saither, Experience in Source work is not as necessary as ambition and intelligence, as I prefer to teach them my way of working, but unless she is quick and ambitions, it would be almost impossible for her to get to school on time. another trads of importance is that of a good disposition & temperament, as Mr. Fitch braveles and my little daughter & I are left very often alone. On the other hand if the girl prosesses the qualities above mentioned and is neat personally and as superior as Eleanor Spring (non with me) she is made

worl than a mere assistant in my work. and if she relations a perful to the school and at any time desires to return to me I will be very glad to have her and will appreciate your letting me know. Suicerely bush I tetch

3016

BRIEF.

Application of Eleanor Opring FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT: OKron Date of enrollment, Term of enrollment,

Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

	For and in consideration of the	ne United State	s assuming t	he care, ed	lucation, a	and mainte	enance in	
t	he United States Indian School a	C	arli	ile	, 6	Pa	, of	
	Eleanor (bring	J. , I,	Ele	anor	1 8 p	ring	
*	(Name of child.)	1/	(Sex.)	(PE	irent, guardiai	i,, or next of F		
(of allroy P.	O., State of	ry	,, do	hereby v	oluntarily	consent	
	and agree to the enrollm	ent in said scho	ool for a peri	od of(Not less	/ years	s, and also	obligate	
8	and bind myself to abide by all th							1
	I further say that the said ch							88
t	hat the father, Solomon	Spring	7, (Is or was.	a Full I	ndian of t	he Se	neco	_
	Tribe located at My.	Agency; tl		n	An (An	U lu	ies th	ne
t	hat the mother, Lida (Name.)	Thring	(Is or was,)	a Jull In			eneea	_
r	Cribe located at	Agency, a	nd left the tr	ibe about	is (Appro	dead	; that	
t	he said child was born and reare	d in the United	States, and	now actu	ally reside	s therein;	and that	
5	he has attended the following s	chools:						
1	NAME OF SCHOOL-PUBLIC, GOVERNMENT. OR MISSION.	LOCATEI	AT-	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	Cause of Discharge.	GRADE.	
Par	watin School	age	nes	1894	1895	toen	terother	Schon
June	- mis su		vo. about	1895	1899	to on	Let Cart	ile
0	Item so		vo.	1899	1907			
les	evara		***************************************	1. a f		***************************************		
	This H day of C	Nov.	_, 190 8					
,	Two witnesses:	.1 _						
Will W. Miller (Parent, guardian, or next of kin.)								
Ell - 7701.								
(Note: Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)								
AFFIDAVIT.								
I, Clean Jani, do hereby swear that the statements made in the								
	above application are true.	Y	Elic			A or nex		
	Sworn to and subscribed befo	no mo thic	dev of		,	/		
	Sworn to and subscribed belo	re me uns	day or			, 190		907



Certificate of Physician.

I,		, a practicing physician of
	, do hereby certify	that I have carefully examined ,
the child nam	ned in this application	n, and find that is in proper physical condition to attend
school, and is		berculosis or other disease which would be a menace to the health
This	day of	, 190 , M. D.
		, 21. 2.
	Vouch	voucher No. 1.
I,		(Business, calling, or profession.)
	,	, do hereby certify that I am personally acquainted with
	***************************************	who makes the foregoing application; that I believe his state-
ments thereir	are true; that I am	acquainted with ; that
ho is known	n and recognized in t	(Name of Child.) The community in which he lives as an Indian; that in my opinion
		equate schooling at home for the reason that
		190
		Voucher No. 2.
1,		, a of (Business, calling, or profession.)
	y	, do hereby certify that I am personally acquainted with
		, who makes the foregoing application; that I believe his state-
ments therein	are true; that I am a	equainted with; that
he is known	and recognized in the	(Name of child.) e community in which he lives as an Indian; and that in my opinion
	eceive proper and ad	equate schooling at home for the reason that
		100
This	day of	, 190



Certificate of School Physician.

I hereby certify that on(As soon after arrival as poss	
of the physical condition of going application, and found to be	
I therefore recommend that the said child be	enrolled in this school.
This day of , 19	00
	School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.

CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT PARENTS LIVING OR DEAD 5-4 34 Sept. 26, '08 Jame mil FROM COUNTRY THE SHAW-WALKER GO., MUD"EGON-CHICAGO 33877 Months in school before Carbsle, 80
Res. Sch. ag. 1894-95
Res. 1899-1902.
Grade entered at Carlisle, 4-th Grade at date of Discharge, 6th. Trade or Industry,..... miles to sch.

PARENTS LIVING OR DEAD Grade entered at Carlisle, ... 4 th Grade at date of Discharge, ... & th. Trade or Industry. Baptist Conduct

30/6

May 15, 1918

Miss Eleanor Spring,

1340 Lake Ave.,

Rochester, N. Y.

Dear Madam:

I am in receipt of your letter saying that it is possible that you and your cousin Hattie Poodry will be here to attend our Commencement exercises. I shall be glad to have you here.

Relative to the return home of your sister

Elsie, I have to advise that it will be necessary

for her parents to sign the enclosed vacation

request blank before I can arrange to send her

with you. You will note that we require a de
posit of her fare both ways. If her parents

will arrange to send me a check for the full

ammount required, I will take up the of her going

with you.

Very truly yours,

1340 Lake ave. Pochuster 1.4. May 10.1918.

Mr. Francis Carliele Pa.

Dear Sir:

I am writing you in regard to my sister Elice. The wants to come home for the Rummer! and she thinks she can pay her own way.

my only are planning to attend

the exercises during Communicament week. We are adjoint to see all Carloile again. I should them, like to bring Elsie back mitted me, if you that her come. I promise that she will be back for the fall term, I am Succeeding yours Elsie to spring.

H	30,16		CAL REC		D,		
	NAME OF PUPIL Spring, Eleanor DATE 1908						
	AGE / YEARS RE	NEW STUD	END. TRIBINOLIN	eca	STATE N. Y.		
	DEGREE OF INDIAN BL						
	INSPECTION JO 6	l denel	apment.	>0	aro on Ride		
			Clexture	ne)			
	~	rnal	Pr				
	PERCUSSION	ormal					
	Auscultation RESP.	MURMUR Z	ornal				
	HEART SOUNDS						
		33					
		30	RESPIRATION	24	Pulse 7 U		
	TEMPERATURE 97 degs. HEIGHT 5 FT 4 IN. WEIGHT 25 1/2 LBS.						
	VISION // VACCINATION good. Per 72708						
	MENSTRUATION Normal						
	FAMILY HISTORY:				N. S. C. S.		
		Living.	Condition of Health.	Dead.	Cause of death.		
	FATHER	yes	good				
			0	chen	Consciuption.		
	MOTHER	1./		ges	- may can		
	BROTHERS	<i></i>	gord				
	(***************************************					
	(
	SISTERS	************		/	7		
	PERSONAL HISTORY:				1		
		righ for	part 2 ses	. Ext	ectoration.		
	Obas had cough for past & geo. Expectoration. Phot blood a month ago after being struck. REMARKS:						
	REMARKS:	a mor	in ago age	u re	my manac		
	9-h 1100	Vacha	-				

HOSPITAL RECORD						
	<u>, , , , , , , , , , , , , , , , , , , </u>					
1						
	4					
EXAMINATION FOR OUTING:						
DATES:	Conditions:					
DATES:	Conditions:					
DATES:	Conditions:					
DATES:	CONDITIONS:					
DATES:	CONDITIONS:					
DATES:	CONDITIONS:					
DATES:	CONDITIONS:					
DATES:	CONDITIONS:					
DATES:	CONDITIONS:					
	CONDITIONS:					

'Y AND E'' ROCH.

3016 REPORT AFTER LEAVING CARLISLE
RLISLE Eleanor Spring NAME AT CARLISLE

563757 3M-2-11

PRESENT NAME							
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE		
1910		Akron, N.Y. 55 Huntingdon Pilos Pockester, N.G.	Assisting at home				
1914		55 Huntingdon Felse	Housework				
// /							