

3048

CARLISLE INDIAN INDUSTRIAL SCHOOL.

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

NUMBER 2130	ENGLISH NAME <i>Cora La Jaliere</i>	AGENCY	NATION <i>Shawnee, Ind.</i>					
BAND	INDIAN NAME	HOME ADDRESS						
<i>Shawnee, Ind., She-Ga-Tuah</i>		<i>Louis La. Jaliere, Miami, Ind. Terr.</i>						
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
	FATHER, <i>Living</i>	MOTHER, <i>Dead</i>	<i>3/4</i>	<i>15</i>	<i>5-3/4</i>	<i>123</i>	<i>34</i>	<i>31</i>
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE					
<i>Aug. 20, 1906.</i>	<i>5 years</i>	<i>April 11-1907</i>	<i>All health</i>					
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY		

Months in school before Carlisle,

Grade entered at Carlisle, *6th*

Grade at date of Discharge, *6th*

Trade or Industry,

Church, *Catholic*

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APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child..... *Corra LaFaliere*..... Indian name is
 *Shu Go, Quah*..... Name of Father..... *Louis LaFaliere*.....
 Name of Mother..... Tribe..... *Shawnee*.....
 Reservation..... *Peoria*..... Degree of Indian blood of child..... *Three fourths*
 Is either parent white, if so, which?..... *Indian*..... Are either or both allotted?..... *yes*
 On what reservation?..... *Peoria, Miami*..... Age of child..... *five years*..... What
 reservation school attended?..... *Quapan, I. T.*..... How long?..... *1 year*.....
 If ever enrolled in a non-reservation school, name of school,..... *No*.....
 When?..... How long?..... If ever
 dismissed from a school, where?..... ; when?.....
 and for what reason?.....

(Signed.)..... *Corra LaFaliere*.....

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, *Louis Lafaliere*..... parent, guardian or next of kin of the
 above-named child, *Corra Lafaliere*....., do hereby consent to.....
 transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at..... *Miami Ind. Ter.*..... on the..... *17*th
 day of..... *August*....., 190*6*.

(Signed.)..... *Louis Lafaliere*.....
 (Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named..... *Corra LaFaliere*.....
 and have found..... *her*..... physically sound and recommend
 the transfer so far as..... *her*..... health conditions are concerned. Dated at..... *Miami Ind. Ter.*.....
 on the..... *17*th..... day of..... *July*....., 190*6*.

(Signed.)..... *W. L. McWilliams M.D.*.....

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

..... *Aug 17*....., 190*6*

The statements concerning the above-named..... are be-
 lieved by me to be correct, and I hereby recommend the transfer.

(Signed.)..... *W. L. McWilliams*.....
 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.

STATIONER'S COPY

Handwritten text, possibly bleed-through from the reverse side of the page. The text is faint and difficult to decipher but appears to include a name and a date.

