

3103

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

NUMBER 2111	ENGLISH NAME <i>Susie Foster</i>	AGENCY <i>Crow Creek</i>			NATION <i>Sioux</i>			
BAND	INDIAN NAME	HOME ADDRESS <i>Drip Nose Lower Brule, S. Dak.</i>						
PARENTS LIVING OR DEAD		BLOOD	AGE <i>19</i>	HEIGHT <i>5ft 3in</i>	WEIGHT <i>124</i>	FORCED INSP. <i>3 1/2</i>	FORCED EXPR. <i>3 1/2</i>	SEX. <i>M</i>
FATHER, <i>Living</i>	MOTHER, <i>Dead</i>	ARRIVED AT SCHOOL <i>March 12, 1906</i>			FOR WHAT PERIOD <i>5 years</i>		DATE DISCHARGED <i>July 18, 1906</i>	CAUSE OF DISCHARGE <i>Ill 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 good*

Trade or Industry, *Seam & Dry - good*

Church, *Episcopal*

Conduct *Good*

Certificate made

3103

came mch. 11/06

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Jessie Foster Indian name is

Name of Father Drip Nose

Name of mother _____ Tribe Sioux

Reservation Lower Brule Degree of Indian blood of child Full blood

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

On what reservation? Lower Brule Age of child, 19 What

reservation school attended? Lower Brule How long?

If ever enrolled in a nonreservation school, name of school, Champeo Indian Training School

When? 1903- How long? 3 yrs. If ever

dismissed from a school, where, no; when, _____

and for what reason?

(Signed.) Jessie Foster

Sick discharged July 19, 1906.

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, Drip Nose, parent, guardian or next of kin of the above-named child, Jessie Foster, do hereby consent to her

transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at Lower Brule Dak. on the 12th

day of March, 1906.

(Signed.) Drip Nose his
(Parent, Guardian or next of kin)

Witness
to mark } H. Council
S. L. Carson

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Jessie Foster and have found her physically sound, and recommend

the transfer so far as her health conditions are concerned. Dated at Lower Brule Dak.

on the 6th day of March, 1906.

(Signed.) Simon L. Carson

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

LOWER BRULE AGENCY, S. D. March 6, 1906.

The statements concerning the above-named Jessie Foster are believed by me to be correct, and I hereby recommend the transfer

(Signed.) R. H. Somers
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.

Full name of child,

APPLICATION FOR ENROLLMENT IN A NONRESERVATION 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

Indian name is

CONSENT BLANK

PHYSICIAN'S CERTIFICATE

AGENTS OR SUPERINTENDENT'S ENDORSEMENT

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, _____ Indian name is _____
Name of father, _____
Name of mother, _____ Tribe, _____
Reservation, _____ Degree of Indian blood of child, _____
Is either parent white, if so, which? _____ Are either or both allotted? _____
On what reservation? _____ Age of child, _____ What reservation school attended? _____ How long? _____
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? _____

X (Signed.) _____

NOTE.—The above blank is 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, _____, parent, guardian, or next of kin of the above-named child, _____, do hereby consent to _____ transfer or enrollment for a period of _____ years (not less than three years) in the Indian school at _____ Dated at _____ on the _____ day of _____, 190_____

X (Signed.) _____
(Parent, guardian, or next of kin.)

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Susie Foster _____, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Chautauque, S. D. on the first day of March, 1906

(Signed.) Chas. A. Denny M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

The statements concerning the above-named Susie Foster _____, 1906, are believed by me to be correct, and I hereby recommend the transfer.

(Signed.) John H. ...
U. S. Indian Agent or Superintendent.

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,.....

