

3228

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

NUMBER 2007	ENGLISH NAME <i>Agnes Chubb</i>	AGENCY	NATION <i>St. Regis</i>				
BAND	INDIAN NAME	HOME ADDRESS					
PARENTS LIVING OR DEAD	BLOOD $\frac{1}{2}$	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, <i>Lenny</i>	MOTHER, <i>Lenny</i>	<i>17</i>	<i>52$\frac{3}{4}$</i>	<i>120</i>	<i>33</i>	<i>30$\frac{1}{2}$</i>	
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE			
<i>June 29, 1905.</i>	<i>5 years</i>	<i>Nov. 10/05</i>		<i>Married woman - Health delicate</i>			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	

SHAW-WALKER MUSKOGON 5478

Months in school before Carlisle,

Grade entered at Carlisle, *1st*

Grade at date of Discharge, *1st* }
Very good }

Trade or Industry, *Sewing - Laundry* }
very good }

Church,

Conduct - very good.

*Certificate of discharge
issued.*

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Agnes Chubb Indian name is _____
 Name of father Alex Chubb
 Name of mother, Lizzie Chubb Tribe Sh. River
 Reservation, Sh. River Degree of Indian blood of child, 1/2
 Is either parent white, if so, which? no Are either or both allotted? _____
 On what reservation? _____ Age of child, 17 What reservation school attended? _____ How long? _____
 If ever enrolled in a nonreservation school, name of school, no
 When? _____ How long? _____ If ever dismissed from a school, where, no; when, _____ and for what reason? _____

(Signed.) Lizzie Chubb

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, Lizzie Chubb, parent, guardian or next of kin of the above-named child, Agnes Chubb, do hereby consent to transfer or enrollment for a period of five (5) years in the Indian school at Carlisle, Pa.
 Dated at Hogansburg, N.Y. on the 26th day of June, 1905

(Signed.) Lizzie Chubb
[Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Agnes Chubb, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Hogansburg, N.Y. on the 27 day of June, 1905

(Signed) Edwin H. Klein, 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

card made

(Signature)

I hereby consent to the transfer of the pupil named above to the school named below for the term of years specified.

The statements concerning the above-named pupil are true and correct.

AGENTS OR SUPERINTENDENT'S ENDORSEMENT

(Signature) *John H. ...*

(Signature) *...*

PHYSICIAN'S CERTIFICATE

(Signature) *...*

(Signature)

Date of transfer

transfer or enrollment for a period of five (5) years to the Indian school at ...

CONSENT BY PARENT

(Signature)

and for what reasons

Whereas

It is enrolled in a non-Indian 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...

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NAME AT CARLISLE

Agnes Chubb

PRESENT NAME

Mrs. Peter White

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1911 1910		Hogansburg. N.Y.	Homsewife		