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BRIEF.

Application of

FOR THE ENROLLMENT OF

Angus Splicer

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Date of enrollment, _____, 190...

Term of enrollment, *Five* (5) years



FOR NEW YORK PUPILS.

This blank is to be filled out and signed by a former teacher of the applicant, by a school trustee, a school superintendent, or by some other person conversant with the status of the applicant's school attendance.

This is to certify that Angus Splicer
has attended the Stuyvesant High School at
345 East 15th St New York, from October 13, 1910
to October 28, 1910.
New York City N. Y.
Oct. 28, 1910.

ERNEST R. VON NARDROFF

(Sign here.)

PRINCIPAL, STUYVESANT HIGH SCHOOL

This 26 day of October, 1910

H. Kennedy

VOUCHER No. 2.

I, Wm. J. Dominick, a Plumber of
Schenectady, N. Y., do hereby certify that I am personally acquainted with
Mr. Angus Splicer who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with _____; that
(Name of child.)
he is known and recognized in the community in which he lives as an Indian; and that in my opinion
he cannot receive proper and adequate schooling at home for the reason that He is
Motherless

This 26 day of October, 1910

Wm. J. Dominick

Certificate of Physician.

66 Perry St
New York City
Angus Splicer

H. A. Meyer

I, *H. A. Meyer*, a practicing physician of

NY, do hereby certify that I have carefully examined

the child named in this application, and find that *he* is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This *28th* day of *October*, 19*10*

H. A. Meyer, M. D.

Vouchers of Disinterested Persons.

VOUCHER NO. 1.

I, *J. Kennedy*, a *Machanic* of

(Business, calling, or profession.)

Gowanda, NY

do hereby certify that I am personally acquainted with *Mr. Angus Splicer* who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with

(Name of Child.)

he is known and recognized in the community in which he lives as an Indian; that in my opinion he can not receive proper and adequate schooling at home for the reason that, *He is*

motherless

This *26* day of *October*, 19*10*

J. Kennedy

VOUCHER NO. 2.

I, *Wm. J. Dominick*, a *Plumber* of

(Business, calling, or profession.)

Schenectady, N. Y.

do hereby certify that I am personally acquainted with *Mr. Angus Splicer* who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with

(Name of child.)

he is known and recognized in the community in which he lives as an Indian; and that in my opinion he cannot receive proper and adequate schooling at home for the reason that *He is*

motherless

This *26* day of *October*, 19*10*

Wm. J. Dominick



Certificate of School Physician.

I hereby certify that on _____, I made a careful examination
(As soon after arrival as possible.)
of the physical condition of _____, the child named in the fore-
going application, and found _____ to be _____

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 190_____

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.

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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6245	ENGLISH NAME Angus Splicer	AGENCY St. Regis	NATION Oroquois					
BAND	INDIAN NAME	HOME ADDRESS John Splicer 279 Hudson St., New York City						
PARENTS LIVING OR DEAD	BLOOD Dull	AGE 20	HEIGHT 5'7"	WEIGHT 125½	FORCED INSP. 36½	FORCED EPXR. 34	SEX. M.	
FATHER,	MOTHER, D	ARRIVED AT SCHOOL 11-9-'10		FOR WHAT PERIOD Five years		DATE DISCHARGED June 20, 1911		CAUSE OF DISCHARGE Office request
TO COUNTRY 6-1-'11	PATRONS NAME AND ADDRESS Dn leave						FROM COUNTRY	

THE SHAW-WALKER CO., MUSKEGON. 79104

Months in school before Carlisle, 108

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Methodist

Miles to school.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Splicers August* DATE *10/10/10*

AGE *10* YEARS { *NEW* / *RETURNED* } STUDENT. TRIBE *Hoquois* STATE *N. Y.*

DEGREE OF INDIAN BLOOD *Full*

INSPECTION *Fairly well developed*

PALPATION *Normal*

PERCUSSION *Normal*

AUSCULTATION { RESONANCE *normal*

RESP. MURMUR *vesicular*

HEART SOUNDS *Normal*

MENSURATION { INSP. *36 1/4*

EXP. *34* RESPIRATION *20* PULSE *80*

TEMPERATURE *98* degs. HEIGHT *5* FT. *7* IN. WEIGHT *125 1/2* LBS.

VISION *R 20/200 L 10/70* VACCINATION *good*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>good</i>		
MOTHER			<i>yes</i>	<i>pneumonia</i>
BROTHERS {	<i>2</i>	<i>2</i>		
SISTERS {	<i>3</i>	<i>1</i>	<i>2</i>	<i>?</i>

PERSONAL HISTORY:

General good health.

REMARKS:

Gaining weight

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NAME.

Angus Splicer

TRIBE.

Iroquois

PARENT OR GUARDIAN.

John Splicer

DATE ENROLLED.

Nov. 9, 1910

TERM.

Five years

AGE.

20

HOME ADDRESS

279 Hudson St., New York City.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM NO.

Scholarship

Conduct.

Shop.

Ability.

Co nduct.

Room No.

Neatness

Conduct.

Ability.

Conduct

Jan: 11
July '11

None

4 4

Splices, Angus

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Brother's file - John Splices

5-5-62

Correspondence

4-5-61

