Lydick, James. 3409 Ex-stu.

Parents file

1636

Reenrolled

3409

BRIEF.

Application of

George Zydick

FOR THE ENROLLMENT OF

James Zydick

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Bear Lake, Minn

Date of enrollment, May 12th, 1910.

Term of enrollment, Three (3) years

Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa., of James Zydick, (Name of child.) M, (Sex.) I, George Zydick (Parent, guardian,, or next of kin.) of Bass Lake P. O., State of Minn, do hereby voluntarily consent and agree to his enrollment in said school for a period of three years, (Not less than 3.) and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at ..... on ..... (Date.);

that the father, ... (Name of father.), ... (Is or was.) a ..... (Degree.) Indian of the .....

Tribe located at ..... Agency; that he left the tribe about ..... (Approximate date.);

that the mother, ... (Name.), ... (Is or was,) a ..... (Degree.) Indian of the .....

Tribe located at ..... Agency, and left the tribe about ..... (Approximate date.); that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.

This 12" day of May, 1910

Two witnesses:

Harvey K. Meyer

Geo Lydick
(Parent, guardian, or next of kin.)

P. O., Bass Lake, Minn

(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, ..., do hereby swear that the statements made in the above application are true.

..... (Signature of applicant.) ..... (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this ..... day of ....., 191.....

.....

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

Certificate of Physician.

I, ..., a practicing physician of .....

....., do hereby certify that I have carefully examined .....,

the child named in this application, and find that ..... 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 ..... day of ....., 191

....., M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, ..., a ..... (Business, calling, or profession.), of

....., ..., do hereby certify that I am personally acquainted with

..... who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with ..... (Name of Child.); that 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 .....

.....

.....

This ..... day of ..... 191.....

.....

VOUCHER No. 2.

I, ..., a ..... (Business, calling, or profession.) of

....., ..., do hereby certify that I am personally acquainted with

....., who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with ..... (Name of child.); that 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 .....

.....

.....

This ..... day of ....., 191.....

.....

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 foregoing application, and found ..... to be .....

.....

.....

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

This .....day of ....., 191.....

.....
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 nonreservation 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 PRESS
CARLISLE PA

3409

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child James Lydick Indian name is

Name of Father George Lydick

Name of mother, Nellie Lydick Tribe Cass Lake Chipp

Reservation, Cass Lake Degree of Indian blood of child quarter

Is either parent white, if so, which? yes father Are either or both allotted? Mother

On what reservation? Cass Lake Age of child, 11 yrs What

reservation school attended? none How long?

If ever enrolled in a nonreservation school, name of school, ~~Reputan~~ Morris

When? 1902-3-4 How long? 3 years If ever

dismissed from a school, where, no ; when,

and for what reason?

(Signed.) Nellie Lydick

NOTE—The above blank to be signed by the child, if old enough to understand its impart; if not, by the parent, guardian or other person congizant of the facts

CONSENT BLANK

I, Nellie Lydick, parent, guardian or next of kin of the above-name child, James Lydick, do hereby consent to his transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at Cass Lake on the 25

day of Sept, 190 5

(Signed.) Nellie Lydick
(Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named James Lydick, and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Cass Lake on the 25 day of Sept, 190 5

(Signed) W. F. Padwell
Agency Physician

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

, 190

The statments 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-fouth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.

Card made

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....

3409

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
3480	James Lydick		Chippewa

BAND	INDIAN NAME	HOME ADDRESS
		George Lydick, Cass Lake, Minn.

PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHTH	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, Living MOTHER, Living	1/4	11	4-8½	83	29½	25½	M.

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Reenrolled for 3 yrs. May 12, 1910. Sept 22 1905	5 yrs.	5-12-1910.	Time out.

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
6-25-06	On Leave.	8-30-06
APR. 8- 1907	S C Van Pelt Buckmanville Pa.	AUG 31 1907
4-13-08	Chas. Craighead, Carlisle, Pa.	7-7-08

THE SHAW-WALKER CO., MUSKEGON-CHICAGO 33877

Months in school before Carlisle, 30

Morris about 2½ yrs.
Minn.

Grade entered at Carlisle, 2d

Grade at date of Discharge, 4th

Trade or Industry, Tailor.

Church, Episcopal

Readmitted 3409

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

Over.

NUMBER	ENGLISH NAME	AGENCY	NATION
6091	James Lydicks		Chippewa

BAND	INDIAN NAME	HOME ADDRESS
		Geo. Lydick, Cass Lake, Minn.

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EPXR.	SEX.
FATHER. L.	MOTHER. L.	1/4	16					

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
June 2, 1910.	Three years	Feb. 8, 1911	Failed to return

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
6-2-'10	On leave.	

THE SHAW-WALKER CO., MUSKEGON. 79104

Morris, Minn. about 2½ yrs.

Months in school before Carlisle, ...
First term Carlisle Sch - 2nd. Gr.

Grade entered at Carlisle, ...

Grade at date of Discharge, ...

Trade or Industry, ...

Church. Episcopal

3409

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Lydick, James DATE 1/12 19 08

AGE 14 YEARS { NEW / RETURNED } STUDENT. TRIBE Chippewa STATE Minn.

DEGREE OF INDIAN BLOOD

INSPECTION Well developed. Chest slightly flat.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE –

RESP. MURMUR

HEART SOUNDS Marked mitral systolic murmur.

MENSURATION { INSP. 31 3/4

EXP. 26 1/2

RESPIRATION 24 PULSE 88

TEMPERATURE 98 10/10 degs. HEIGHT 5 FT 2 1/2 IN. WEIGHT 107 LBS.

VISION VACCINATION good 1/10/08

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	yes	good		
MOTHER	Yes	good		
BROTHERS	2	good		
SISTERS	1	good		

PERSONAL HISTORY: Good health

REMARKS:

(over)

HOSPITAL RECORD

EXAMINATION FOR OUTING:

DATES:	CONDITIONS:

James Lydick, who left Carlisle last May, is now enrolled as a student at the Wittenberg school.

TRADE RECORD, CARLISLE.

Jan. 1, 19 11 to June 30, 19 11.

PUPIL James Lydick

TRADE Tailoring

ABILITY Good

CONDUCT Fair

REMARKS

INSTRUCTOR Wm. Aumaat

"Y AND E" ROCH. 3409. REPORT AFTER LEAVING CARLISLE 563757 3M-2-11

NAME AT CARLISLE James W. Lydick.

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1910		Cass Lake, Minn.	Student		

3409

NAME. Lydick, James.

TRIBE. Chippewa.

PARENT OR GUARDIAN. George Lydick.

DATE ENROLLED. Sept. 22, 1905.

TERM. 5 Years.

AGE. 11.

HOME ADDRESS. Cass Lake, Minn.

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct	Room No.	Neatness	Conduct.	Ability.	Conduct.	
Apr. '07	Nov.	V. Good	Good							Fair	Good	
Apr. '08	4	Good	Good							Good	Good.	
Jan. 09	3	Ex	Medium	Tailor	Ex	Ex	13	Good	Good			
July 09	4,	V. Good	Good	"	V. Gd	V. Gd		"	"			
Jan. '10	4½	" "	Ex	"	Good	Good	28	V. "	"			
Jan. '10	4½	G.	Ex.	"	"	Fair						

Readmitted. 3409

NAME.	TRIBE.	PARENT OR GUARDIAN.
James Lydick	Chippewa	

DATE ENROLLED.	TERM.	AGE.	HOME ADDRESS
June 2, 1910.	Three Years	16.	Geo. Lydick, Cass Lake, Minn

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	