

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

[illegible]

Months in school before Carlisle, 36.....

Grade entered at Carlisle, *1st.*

Grade at date of Discharge,.....4th.....

Trade or Industry,

Church.....Luth.

Miles to sch.

Brought by Supt & Mrs Eddy

PARENT OR GUARDIAN.

John Two Moons (Father.)

HOME ADDRESS.

Lamedeer, Mont.

[illegible]

3687

5-192.

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, Nora Two Moons Indian name is _____
 Name of father, John Two Moons
 Name of mother, Martha Tribe, Northern Chey
 Reservation, Tongue River Degree of Indian blood of child, full
 Is either parent white, if so, which? None Are either or both allotted? None
 On what reservation? None Age of child, 14 What
 reservation school attended? Tongue River How long? 3
 If ever enrolled in a nonreservation school, name of school, None
 When? _____ How long? _____ If ever
 dismissed from a school, where, _____; when, _____
 and for what reason? _____

(Signed.) Nora Two Moons

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, John Two Moons, parent, guardian, or next of kin of the above-named child, Nora Two Moons, do hereby consent to her transfer or enrollment for a period of 5 years (not less than three years) in the Indian school at Carlisle Pa Dated at Tongue River Agency Mont on the Twenty Second day of Feb, 1907

(Signed.) John Two Moons
 (Parent, guardian, or next of kin.)

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Nora Two Moons, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Beulah Montana on the 23rd day of Feb, 1907

(Signed.) B. B. Kelly M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

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

(Signed.) J. R. Eddy
 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, _____

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Tevonnoos Nora* DATE *12/9* 19*08*

AGE *17* YEARS { NEW STUDENT. } { RETURNED } TRIBE *Cheyenne* STATE *Mont.*

DEGREE OF INDIAN BLOOD.....

INSPECTION *Cervical Rear*

PALPATION *Tactile fremitus slightly increased on right side.*
PERCUSSION *Slight impairment of resonance over right apex.*

AUSCULTATION { RESONANCE.....
{ RESP. MURMUR *About normal*

HEART SOUNDS.....

MENSURATION { INSP. *33 1/4*
{ EXP. *30 1/4* RESPIRATION *18* PULSE *76*

TEMPERATURE *98.8* degs. HEIGHT *5* FT *4 1/2* IN. WEIGHT *132* LBS.

VISION *10/15* VACCINATION *good. Rec 12/21/08*

MENSTRUATION *Normal*

FAMILY HISTORY:

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

PERSONAL HISTORY:
Was sick in hospital with bad cough and loss of weight last summer. Has gained since. General condition good at present.

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:	CONDITIONS:
<i>August 17, 1909</i>	

ROUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

316

Name of Student

Nora Two moons

Home Address

Two moons. Busby Mont.

Tribe

Cheyenne

Age at Entrance

14

Date of Entrance

2-28-07

Shop

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
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Patron

Mrs. J. P. Conard

Locality

Farm

Days in School

Address

Kelton. Pa.

R. R. Station

Conduct

Recommended by

Grade in School

Ability

Bad Bad

P. P.

Grade of Home

Good

Church

Luth.

Health

7 7

Date of Outing

8-27-09.

Date Returned

10.3-09

Wages

Earnings

3

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

