



Louis Vilnave

3773

TRADE RECORD, CARLISLE.

JUL 1 1910

JAN 1 1911

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

PUPIL

Louis Vilnave.

TRADE

Printing - Press Feeder.

ABILITY

Quick to learn

CONDUCT

Good.

REMARKS

New boy this term -

INSTRUCTOR

E. H. Miller.

3778

TRADE RECORD, CARLISLE.

PUPIL

Louis Vilnave

TRADE

Printing.

ABILITY

Good.

CONDUCT

Good.

REMARKS

Fast & industrious.

INSTRUCTOR

E. H. Mills.

NAME. Vilnave, Louis.		TRIBE. St. Regis.		PARENT OR GUARDIAN. Moses Vilnave.	
DATE ENROLLED. July 1, 1905.		TERM. 5 Years.		AGE. 13.	
				HOME ADDRESS. Hogansburg, N. Y.	

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. '08	2	Good	Poor								Fair	Good.
Jan. '09	3	Good	Poor	Black Smith	Good	V. Good	5	Good	Good			
July '09	4	Med.	Poor	Gen	"	Good		Fair	Poor	Good	Good	
Jan. '10	4	H.	Poor	Carp.	"	"	27	Good	Good			
July.	4½	Good	Ex	Gen	V. "	"		V. Gd	V. Gd			
Jan. '11				Print	Gd	Gd		Gd	"			
July '11					Gd	Gd		G.	V. G.			
Dec. '11				"	Gd	Gd						

1024

x

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child Louis Vilnave Indian name is _____
 Name of father Mose
 Name of mother Louisa Tribe St. Regis
 Reservation _____ Degree of Indian blood of child 3/4
 Is either parent white, if so, which? no Are either or both allotted? _____
 On what reservation? St. Regis Age of child 14 What reservation school attended? St. Regis How long? short time
 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? _____

(Signed.) Mose Vilnave

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, Mose Vilnave, parent, guardian or next of kin of the above-named child, Louis, 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.) Mose Vilnave
 [Parent, Guardian or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Louis Vilnave, and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Hogansburg N.Y. on the 28th 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

(Signed) _____

Noted by me to be correct, and I hereby recommend the transfer.

The statements concerning the above-named

AGENT'S OR SUPERINTENDENT'S ENDORSEMENT.

(Signed) _____

on the _____ day of _____

the transfer so far as health conditions are concerned. Dated at _____

and have found _____ physically sound, and recommend

PHYSICIAN'S CERTIFICATE.

(Signed) _____

day of _____ 190_____

Dated at _____ on the _____

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

above-named child, _____ do hereby consent to

I, _____ parent, guardian or next of kin of the

CWISSENT BLANK.

guardian or other person cognizant of the facts

(Signed) _____

and for what reasons,

When

If ever enrolled in a non-reservation school, name of school

reservation school attended

(In what year from

is either parent, white, in

residence

Name of mother

If name of child

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_____

BRIEF.

Application of

Louis Niluave

FOR THE ENROLLMENT OF

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Hogansburg, N. Y.

Date of enrollment,

May, 13th 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 Louis Wiluave, M. I., Louis Wiluave (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Hogansburg P. O., State of N. Y., do hereby voluntarily consent and agree to my enrollment in said school for a period of three years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Hogansburg on Dec. 25, 1893 (Date.) that the father, _____, a _____ Indian of the _____ Tribe located at _____ Agency; that he left the tribe about _____; that the mother, _____, a _____ Indian of the _____ Tribe located at _____ Agency, and left the tribe about _____; 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 13th day of May, 1910
Two witnesses:

(Parent, guardian, or next of kin.)
Harvey K. Meyer P. O. Hogansburg, N. Y.
(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 _____, of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with
_____ 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; 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 _____ of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with
_____, 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 _____

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 fore-
going 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 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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BRIEF.

Application of

FOR THE ENROLLMENT OF

Louis Villnave

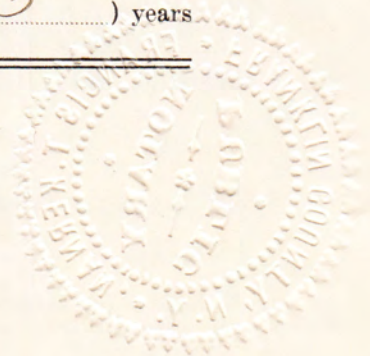
IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, _____, 191_____

Term of enrollment, *Five* (*5*) 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 Louis Villnave male, I, Moses Villnave Jr of Hogansburg P. O., State of New York, do hereby voluntarily consent and agree to his enrollment in said school for a period of five years, 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 Hogansburg N.Y on June 8 Nov 20. 1892 that the father, Moses Villnave Jr is a 1/2 Indian of the St-Regis Tribe located at St-Regis Reservation Agency; that he left the tribe about when not that the mother, Louisa (Friday) Villnave was a 2/3 Indian of the St-Regis Tribe located at St-Regis Reservation Agency, and left the tribe about is now dead; 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.
<u>U.S. Ind Industrial School</u>	<u>Carlisle Pa</u>	<u>6/28/05</u>	<u>6/23/10</u>	<u>Term ended</u>	<u>4 1/2</u>

This 26th day of October, 1910
Two witnesses:

his
Moses Villnave Jr
(Parent, guardian, or next of kin.)
Mant

P. O., _____

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

his
Moses X Villnave Jr
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 26th day of October, 1910

Francis T. Kernan
Notary Public

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths to the person 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 _____, of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with _____
_____ 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; 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 _____, of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with _____
_____, 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 _____

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 fore-
going 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 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.



3773

Carlisle, Pa. September 10th, 1913

Louis Vilneve,

Hogansburg, N.Y.

Dear sir:

There is enclosed herewith check for 21.29 closing your account. Please sign the face of the check before presenting to bank.

Your friend,

Superintendent.

3773

December 4th, 1913.

Mr. Louis Vilnave,
Winthrop, N.Y.

Dear Louis,

I have your favor of the 11th, requesting the balance of your money. A check for the same 21.29 is enclosed herewith. This check had been sent to you last September at Hogansburg N.Y. and returned.

Your friend,

W.H.M.

Superintendent.

Winthrop N. Y.
Dec. 1. 1913.

Dear Friend:

I would like to have
my money, that I have in bank.

Which comes to about \$26.00
for I am in need of it indeed.

I am yours truly

Luis Filtrane
Winthrop.

N. Y.

Box 66.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N.Y. 1024

Name of Student *Louis Vilnare* Home Address *Moses Vilnare Jr. Hogsburg, N.Y. Mohawk Tribe*

Age at Entrance *17* Date of Entrance _____ Shop _____

Patron *Jas. M. Slack* Locality _____ Days in School _____

Address *Forest Grove, Pa.* R. R. Station _____ Conduct _____

Recommended by _____ Grade in School _____ Ability _____

Grade of Home _____ Church _____ Health _____

Date of Outing *6-13-11* Date Returned *10-2-11* Wages _____ Earnings *8.02*

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

July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

*u.g. 7
" 7.9
" 9.
15, 12.*

*M. P. Van Horn
Robbinsville, N.J.*

*5-1-12 Ran 5-30-12
Dropped 9-22-12*

*4
4
4
18.*

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student Home Address Tribe

Age at Entrance	Date of Entrance	Shop	Home Address	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		Locality	Days in School													
Address		R. R. Station	Conduct													
Recommended by		Grade in School	Ability													
Grade of Home		Church	Health													
Date of Outing	Date Returned	Wages	Earnings													

Louis Villnav

Ex-stu. 3773

Fathers request to send home
Correspondence

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