

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3819

NUMBER 2420 2721		ENGLISH NAME Ileta Doctor			AGENCY			NATION Seneca			
BAND		INDIAN NAME			HOME ADDRESS Sally Doctor Akron, N.Y.						
PARENTS LIVING OR DEAD		BLOOD Full	AGE 14	HEIGHT 5-1/2	WEIGHT	FORCED INSP. 3 1/2	FORGED EXPR. 29	SEX. F.			
FATHER.		MOTHER. <i>L</i>		ARRIVED AT SCHOOL Nov. 14, 1911.		FOR WHAT PERIOD Five years		DATE DISCHARGED 6-7-12		CAUSE OF DISCHARGE Failed to return	
TO COUNTRY 5-8-12		PATRONS NAME AND ADDRESS Home on leaves						FROM COUNTRY			

Months in school before Carlisle, *81*.....

Grade entered at Carlisle, *3rd*.....

Grade at date of Discharge,

Trade or Industry,

Church, *Baptist*.....

Miles to school - *1/2*

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 *Fleeta Doctor*
has attended the *Tonawanda Res. Dist No. 3*, School at
Ton. Res. New York, from *Sept.* 19 *10*
to *June* 19 *11*.
Akron N. Y.
Oct. 24 19 *11*.

Cora S. Rapp
(Sign here.)

The information requested below must be given in detail, for it will have to be considered in the determining of your eligibility for enrollment at Carlisle.

Have you attended public school? *yes*

Where? *On Ton. Res.*

When? *for nine years past.*

How far do you reside from public school now? *1/2 mile*

Will you attend public school if you do not enroll at an Indian School?

No

What is your reason for not attending public school?

Have gone through all studies there

Why do you wish to attend at Carlisle?

To become better educated.

What special trade do you desire to complete?

Housekeeper

Can you provide for your own transportation to Carlisle?

No

560

BRIEF.

Application of

FOR THE ENROLLMENT OF

Theta Doctor

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, of # Leela Doctor Finkle, I, of Akron P. O., State of N.Y., do hereby voluntarily consent and agree to her 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 Pou Res on Jan 31 1897 that the father, Shuman Doctor a full Indian of the _____

Tribe located at _____ Agency; that he left the tribe about _____; that the mother, Sally Doctor a full Indian of the Seneca Tribe located at New York 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.
<u>Dust No 3</u>	<u>Pou Res</u>	<u>1902</u>	<u>1911</u>		

This _____ day of _____, 191
Two witnesses:

x Sally Doctor
(Parent, guardian, or next of kin.)

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

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

Sworn to and subscribed before me this 27th day of Oct 1911

x C. C. Parker

(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, Albert E. Mott, a practicing physician of Akron, N. Y.
do hereby certify that I have carefully examined Fleeta Doctor,

the child named in this application, and find that she 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 24 day of October, 1911 Albert E. Mott, M. D.

Vouchers of Disinterested Persons.

VOUCHER NO. 1.

I, Cora S. Rapp, a teacher, of Town. Res. Dist. 3,
(Business, calling, or profession.)

do hereby certify that I am personally acquainted with

Sally Doctor who makes the foregoing application; that I believe ^{her} ~~his~~ statements therein are true; that I am acquainted with Fleeta Doctor; that
(Name of Child.)

She is known and recognized in the community in which she lives as an Indian; that in my opinion

she can not receive proper and adequate schooling at home for the reason that she needs instruction in many things not taught in this Res. school.

This 24 day of October 1911 Cora S. Rapp.

VOUCHER NO. 2.

I, O. O. Parker, a Justice of the Peace of Akron,
(Business, calling, or profession.)

do hereby certify that I am personally acquainted with

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

She is known and recognized in the community in which she lives as an Indian; and that in my opinion

she cannot receive proper and adequate schooling at home for the reason that

She is too far advanced & needs instruction in manual training

This 24th day of Oct, 1911

O. O. Parker

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.



