3868

88

## BRIEF.

## Application of

alston De grasse

FOR THE ENROLLMENT OF

meshanical Engineer

IN THE INDIAN SCHOOL AT

## Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, Sept 18 , 191/
Term of enrollment, (5) years

# Application for Enrollment in a Nonreservation School. (For a child not enrolled at an Agency.)

| For and in consideration of the  | ne United States assuming t                   | he care, education          | n, and mainte  | enance in                                |
|--|---|-----------------------------|--|--|
| the United States Indian School at   | Carlisle                                      | Penn,                       | The state of the s | , of                                     |
| alston Legra   | sel., man, I,                                 | Gring. L                    | Deffusse<br>ardian, or next of 1   | kin.)                                    |
| of Minument Beach P.   | O., State of Muss                             | do herek                    | y voluntarily  | consent                                  |
| and agree to Aud enrollme  | ent in said school for a peri                 | od of y                     | ears, and also   | obligate                                 |
| and bind myself to abide by all th   | e rules and regulations for                   | Indian schools.             | 11.  | 11 KA ===                                |
| I further say that the said chi  | ld was born at ///////                        | rysee                       | on ///// (Pate/  | 11.1875                                  |
| that the father, / Mighe of father   |   | a 3 Indian                  | of the Wlas  | hpe                                      |
| Tribe located at // // Ishpl   | Agency; that he left th                       | ne tribe about              | (Approximate dat   | e.) 1                                    |
| that the mother, Com (Name.)   | Mutt, Wus, (Is or was,)                       | a Indian (Degree.)          | of the Mu  | whele                                    |
| Tribe located at   | Agency, and left the tr                       | / (A                        | approximate date.)   | ; that                                   |
| the said child was born and reared<br>he has attended the following scho                         |   | l now actually re           | sides therein;   | and that                                 |
| NAME OF SCHOOL-PUBLIC, GOVERNMENT,<br>OR MISSION.  | LOCATED AT—                                   | DATE OF DATE OF ENROLLMENT. |  | GRADE.                                   |
| Southashpee  | Soroth markhee                                | 1900                        |  |  |
| Bourgne  | Bourse  | 19010 190                   | 17 Siek  | 6th                                      |
|  |   |                             |  |  |
| This Mundagey of Spy<br>Two witnesses: Junion P.   | ht 18, 1911<br>Tobey                          | Mig De                      | Juse<br>for next of kin.)  | <i>h</i> . /                             |
| (Note.—Every blank in this application mus<br>by mark or otherwise, must be attested by two with | t be properly filled out by the applicant, in | P. O., JAMAN                |  | Dannature, whether                       |
| 1. Irving Del  | AFFIDAVIT.                                    | swear that the s            | tatements ma   | ade in the                               |
| above application are true.  |   |                             | 2.   | 10 11                                    |
|  | (Signature o                                  | f applicant.) (Pare         | nt, guardian, or nex   | Negranse<br>ext of kip.)                 |
| Sworn to and subscribed before   | re me this Mandadday of                       | Sept 18                     | A  | , 191                                    |
|  | 90  | ing of                      | Plance   | ne en e |
| (Note.—This application and affidavit must be  |   | d to administer oaths by    | the parent with who  | om the child is                          |

living; if the parents are dead, by the guardian or next of kin.)

Have you attended public school? Any yes

Where? South masphel. and Bourne

When? 1900 1906

How far do you reside from public school now? 3 miles

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

What is your reason for not attending public school? Work for may liveing

Why do you wish to attend at Carlisle? to take up Mechanical Engineer

What special trade do you desire to complete? Michanical Engineer

Can you provide for your own transportation to Carlisle? 46

Certificate of Physician. I Sea. Mr. Lanty Mill., a practicing physician of Monument Beach Mass, do hereby certify that I have carefully examined alston begnase 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. Heftember, 191/ Vouchers of Disinterested Persons. VOUCHER No. 1, do hereby certify that I am personally acquainted with grass the makes the foregoing application; that I believe his statealston Negrass that ments therein are true; that I am acquainted with .... 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 /8 day of September 191/ VOUCHER No. 2. I, & H Jobey, a Se Dealer (Business, calling, or profession.) Morning and Back Mass, do hereby certify that I am personally acquainted with Aleslan Degrasse, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with Alason Degane; 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 The

#### Certificate of School Physician.

|  | , I made a careful examination arrival as possible.)       |
|--|--|
| of the physical condition of                   | , the child named in the fore                              |
| going application, and found to be             |  |
| Aligni op or essent and femile doller associa- | After so elektrometer als in the balling terral and to the |
|  |  |
| I therefore recommend that the said child b    | eenrolled 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.



CARLISLE INDIAN INDUSTRIAL SCHOOL mashkee Diving De Grass PARENTS LIVING OR DEAD (lct. 2. 1913 TO COUNTRY 8-31-12 Seo. W. Row, Yardley, Ra. Droing Everett, R. 7. D. 42, Drenton, M. J 12-22-12 Ran (Should have been reported apr. 7) 7-2-13 Months in school before Carlisle, 43 Grade entered at Carlisle, ............

Grade at down of Discharge, .....

Trade or Industry.

Church Episcopal

Miles to school - 4

| NAME Al                                  | Stond           | E grasse  |              | Sex { Male.         |
|--|-----------------|---|--------------|---------------------|
| Tribe 3/8                                | 10              | State Mas   | <u> </u>     | Oct 3 ,19/1         |
| Age                                      | ye.             | ars Respiration   | Co.          | ndition of, Eyes OM |
| Height 5                                 | ft. 11/2 i      | ns. Mensuration $\begin{cases} Insp. & 3 \\ Exp. & 3 \end{cases}$ | 8            | EarsOX              |
| Weight                                   | 0/              | bs. Exp.  | 2            | ThroatON            |
| Temperature                              | 98              | Vaccination Vaccination   | - //         | Cervical glands O7  |
| Pulse                                    | 80              | Vision  |              | Skin ON             |
| Inspection                               | on              |   |              |                     |
| Palpation                                |                 |   |              |                     |
|  | ×               |   |              |                     |
| Fereussion                               |                 |   |              |                     |
| Auscultation                             | M               |   |              |                     |
| Auscultation                             | 0 /(            |   |              |                     |
| found                                    | 01. (101        | iel He is a   | Roamois      | elegate.            |
| Heart Couras                             | are all a       | igus - onell no a   | Jeneras<br>T | h Read beat         |
| (Menstruation)                           | Round           | as one agen wa  | in lae       | h hear was          |
|  |                 |   |              |                     |
|  |                 | FAMILY HISTOR   |              |                     |
|  | LIVING.         |   |              | CAUSE OF DEATH.     |
|  |                 | FAMILY HISTOR CONDITION OF HEALTH.                                | <i>Y</i> .   |                     |
| Father                                   | LIVING.         | FAMILY HISTOR   | Y. DEAD.     |                     |
| Father                                   | LIVING.         | CONDITION OF HEALTH.  | <i>Y</i> .   |                     |
|  | LIVING.         | FAMILY HISTOR CONDITION OF HEALTH.                                | Y. DEAD.     |                     |
| Mother                                   | LIVING.         | CONDITION OF HEALTH.  | Y. DEAD.     |                     |
| MotherBrothers                           | LIVING.         | CONDITION OF HEALTH.  | Y. DEAD.     | CAUSE OF DEATH.     |
| Mother                                   | LIVING.         | CONDITION OF HEALTH.  | Y. DEAD.     |                     |
| Mother Brothers                          | LIVING.  Grand  | CONDITION OF HEALTH.  | Y. DEAD.     | CAUSE OF DEATH.     |
| MotherBrothers                           | LIVING.  Grand  | CONDITION OF HEALTH.  | Y. DEAD.     | CAUSE OF DEATH.     |
| Mother Brothers                          | LIVING.  Grand  | CONDITION OF HEALTH.  | Y. DEAD.     | CAUSE OF DEATH.     |
| Mother Brothers Sisters Personal history | LIVING.  Yrs  3 | CONDITION OF HEALTH.  | Y. DEAD.     | CAUSE OF DEATH.     |
| Mother Brothers Sisters Personal history | LIVING.  Yrs  3 | CONDITION OF HEALTH.  | Y. DEAD.     | CAUSE OF DEATH.     |
| Mother Brothers                          | LIVING.  Yrs  3 | CONDITION OF HEALTH.  | y.  DEAD.    | CAUSE OF DEATH.     |
| Mother Brothers Sisters Personal history | LIVING.  Yrs  3 | CONDITION OF HEALTH.  | y.  DEAD.    | CAUSE OF DEATH.     |

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should

accompany the pupils' transfer blanks.

| -   | eress vi | -  | an an | men men | -  |      |
|-----|----------|----|-------|---------|----|------|
| CAS | in I     | RE | CU    | RD.     | 5- | 354. |

|         | Λ                   | lame  | <br>      |      |
|---------|---------------------|---|-----------|------|
| Age     | Sex { Male. Female. | Tribe $\left\{ \begin{smallmatrix} Full \\ I/ \end{smallmatrix} \right\}$ | Residence | <br> |
| (On, 19 | 9)                  |   |           |      |

| (011  |    |    | -, "> |                      |                                |  |  |  |  |
|-------|----|----|-------|----------------------|--------------------------------|--|--|--|--|
| DATE. |    |    |       | SYMPTOMS.            | TREATMENT, DIAGNOSIS. REMARKS. |  |  |  |  |
| 19    | T. | P. | R.    |                      |                                |  | History, progress, and termination of the disease. |  |  |
|       |    |    |       | april 15 19/2<br>QK. |                                |  |  |  |  |
|       |    |    |       | Q K.                 |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  | 3  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      | 4,                             |  |  |  |  |
|       |    |    |       |                      |                                |  | ,  |  |  |
|       |    |    |       |                      |                                |  | *  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  |  |  |  |
|       |    |    |       |                      |                                |  | 6—1955   |  |  |

| X2  |
|---|
|   |
| REPORT OF Ulslow Vegras pupil of Carlisle Indian    |
| School, who went 19,1213 to live with a. Co. Alacks |
| of Wood Hiel Buelet                                 |
| (Post Office) (County)                              |
| (State) (State) Railroad Station                    |
| Conduct Lery Good                                   |
| Health Health                                       |
| Ability France                                      |
| Cleanliness   |
| Economy   |
| Situation of Room Second Alone                      |
| Condition of Room                                   |
| Condition of Clothing on especially shoes           |
| Wages Affew mould.                                  |
| Are careful accounts kept by patron?                |
| Are careful accounts kept by pupil?                 |
| Number of days at school Attended at Coulise        |
| Distance to school It Inlian Achor                  |
| Grade or quality of school India fallow             |
| Name and address of teacher                         |
| Qualifications of teacher                           |
| In what grade was pupil at Carlisle?                |
| In what grade is pupil at present? 5                |
| Attends what church and Sunday school? There        |
| Distance to church One mule                         |
| Is there a Catholic church in locality?             |
|   |
| Who compose patron's family? Man wife and how tour  |
| What other help is employed? Our Andray Con         |
| Locality of home Near Work / Locality of home       |
| Home life and environments Tord ( Aard walk.        |
| Trade at school.                                    |
| Nature of work Jeneral Join farm                    |
| Pupil's age Experience Of year                      |

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil: ly 3, 19

83

July 10th, 1915.

Mr. Irving De Grasse,

Monument Beach, Massachusetts.

My dear Sir:

I have to advise that your son Alston deserted from his outing home on July the 2nd and that we have not heard from him since that time.

I would thank you to notify me if he arrives at your home so that our efforts to locate him can then be discontinued.

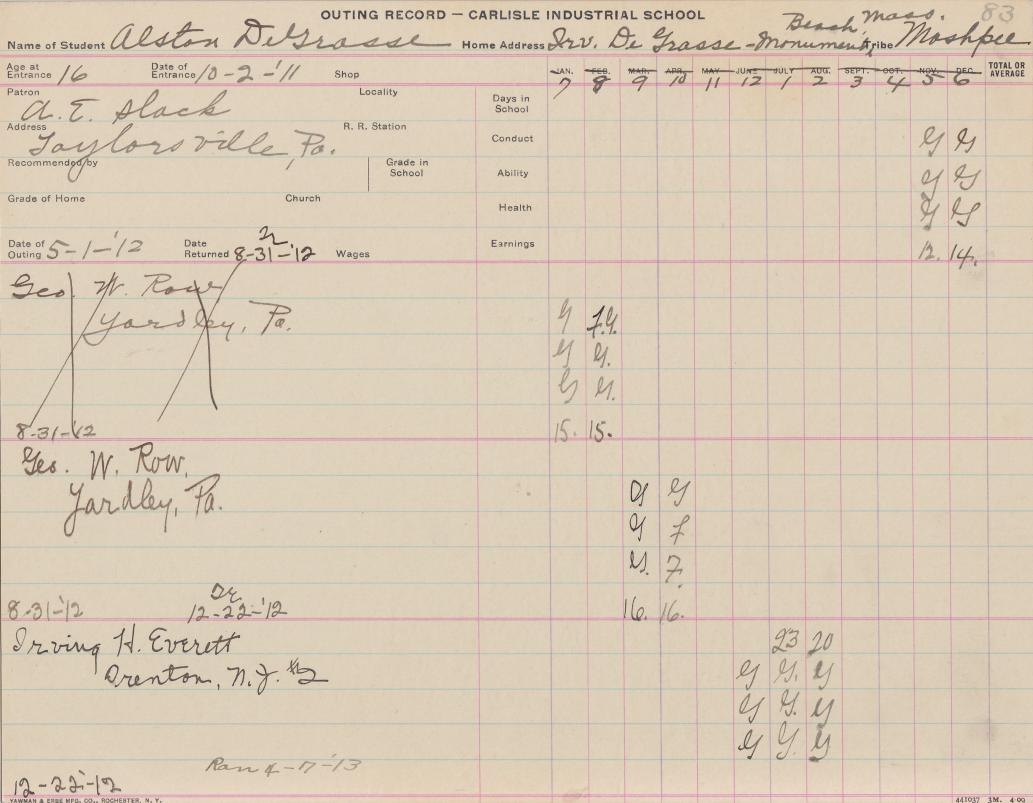
Very truly yours.

HKM.

Superintendent.

### TRADE RECORD, CARLISLE.

| PUPIL Alston De Grass.        |
|-------------------------------|
| TRADE Plumbing & Steamfilting |
| ABILITY Good                  |
| CONDUCT Good                  |
| REMARKS With me Tweeps        |
| INSTRUCTOR A F. Weller.       |
|                               |



# 83 REPORT AFTER LEAVING CARLISLE

563757 3M-2-11

NAME AT CARLISLE Alston De Grasse

PRESENT NAME

| DATE INFORMATION THROUGH ADDRESS OCCUPATION ITEMS OF INT | TEREST GRADE |
|--|--------------|
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |

May 9, 1917 Mr. Alston DeGrass, o/o Mr. Irving DeGrass. Monument Reach, Mass. Dear Alston: On checking over the pupils' accounts at this school, I find that you have a balance of \$30.74 and I am enclosing a check for that amount. Please sign and endorse the check before getting it onshed. I am enclosing a franked envelope, which requires no stamp, which please use in acknowledging receipt of the check. Yours very truly, Superinte dent. LG Enc.

| 3868 CARLISLE INDIAN SCHOOL |  |     |                         |   |                               |                        |              |                 |
|-----------------------------|--|-----|-------------------------|---|-------------------------------|------------------------|--------------|-----------------|
| No.4631                     | NAME.                                      |     |                         | AGE.  | TRIBE.                        | DEGREE<br>OF<br>INDIAN | VATION, IF E | ENCY AND RESER- |
| alston !                    | DeG  | nas | be                      | 16  | Mashnee                       | BLOOD. /2              |              | & Beach, Mass   |
| DATE ENTERED.               | Months in school before enroll- ment here. |     | At date of this report. | Distanto near public schoo from pupil' home | rest c old i (Temporarily abs | Resent, outing         | MARKS.       | ı sick leave,   |
|                             | 45   |     |                         | 4m  | To Country                    | FROM                   | M COUNTRY    | DATE DISCHARGED |
|                             |  |     |                         |   | 7-2-113                       | Ran                    |              | Oct 12 13       |
|                             |  |     |                         |   |                               |                        |              | Episcopal       |
|                             |  |     |                         |   |                               |                        | 4            | aprint pur      |

| Progress from                        | (Date) | ,    |      | , to. |      | (Date | )    | ,    |
|--------------------------------------|--------|------|------|-------|------|-------|------|------|
| FIRST YEAR IN THIS SCHOOL            | SEPT.  | ост. | NOV. | DEC.  | JAN. | FEB,  | MAR. | APR. |
|                                      |        |      |      |       |      |       |      |      |
| Class or grade                       |        |      |      |       |      |       |      |      |
| Academicstanding*                    |        |      |      |       |      |       |      |      |
| Industrial standing*                 |        |      |      |       |      |       |      |      |
| Musical: Bandstanding*               |        |      |      |       |      |       |      |      |
| Vocalstanding*<br>Orchestrastanding* |        |      |      |       |      |       |      |      |
| Deportmentstanding*                  |        |      |      |       |      |       |      |      |
| Physical condition                   |        |      |      |       |      |       |      |      |
| Remarks:                             |        |      | )    |       |      |       |      |      |
|                                      |        |      |      |       |      |       |      |      |

-