

117

BRIEF.

Application of

Ida Crowell

FOR THE ENROLLMENT OF

Alice May Crowell

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Date of enrollment, *Sept 9.*, 191*2*

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 Searles Pa, of Alice M Crouse, Female, Ida Crouse (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Carrolton 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. (Not less than 3.)

I further say that the said child was born at Carrolton on Sept 15, 1898 (Date.) that the father, Willis Crouse, was a full Indian of the Seneca (Name of father.) (Is or was.) (Degree.) Tribe located at N. Y. Agency; that he left the tribe about _____; (Approximate date.) that the mother, Ida Crouse, is a full Indian of the Seneca (Name.) (Is or was.) (Degree.) Tribe located at N. Y. 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.
<u>Dist. School</u>	<u>Carrolton</u>				
<u>Friend school</u>	<u>Senecas</u>				<u>2nd</u>

This 9th day of Sept, 1912
 Two witnesses: Charles Allen Ida Crouse
 _____ (Parent, guardian, or next of kin.)
Mabel Lewis P. O., Carrolton

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

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

Sworn to and subscribed before me this 9th day of Sept, 1912

Thomas P. Lyett Justice of Peace

(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.)

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 *Alice M. Crouse*
has attended the *Indian* School at
Carrollton New York, from *Sept.* 19*11*
to *April* 19*12*.
Carrollton N. Y.
Sept. 10 19*12*.

Bertha Miller (Teacher)
(Sign here.)

Certificate of Physician.

J. G. Martin, a practicing physician of *Salamanca*,
N.Y., do hereby certify that I have carefully examined *Alice M. Crouse*,

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 *12* day of *September*, 191*2* *J. G. Martin*, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, *J. A. Cullen*, a *Station agent*, of
Carrollton, N.Y., do hereby certify that I am personally acquainted with

Ida Crouse who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *Alice May Crouse*, 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 *No advantages*

This *9th* day of *Sept*, 191*2* *J. A. Cullen*

VOUCHER No. 2.

I, *F. B. Treadway*, a *Merchant*, of
Carrollton N.Y., do hereby certify that I am personally acquainted with

Ida Crouse, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *Anna May Crouse*; 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 *Poor Advantages*

This *9th* day of *Sept*, 191*2* *F. B. Treadway*

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.



CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4127

NUMBER 2768	ENGLISH NAME Alice Crouse	AGENCY —	NATION Seneca				
BAND	INDIAN NAME	HOME ADDRESS Ida Crouse, Carrollton, N. Y.					
PARENTS LIVING OR DEAD	BLOOD Full	AGE 14	HEIGHT 5' 1/4"	WEIGHT 104 1/2	FORCED INSP. 34	FORCED EXER. 29	SEX. F.
FATHER, <input checked="" type="checkbox"/>	MOTHER, <input checked="" type="checkbox"/>	ARRIVED AT SCHOOL Sept. 19, 1912		FOR WHAT PERIOD Five years	DATE DISCHARGED Sept. 30, 1914	CAUSE OF DISCHARGE Termination of lease	
TO COUNTRY 4-10-13 7-9-14	PATRONS NAME AND ADDRESS W. L. Passmore Chatham, Pa. C. W. Lease					FROM COUNTRY 8-29-13	

THE SHAW-WALKER CO., MUSKOGEE 121071

Months in school before Carlisle,

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Presbyterian

Miles to school - 1/2.

Name

Age Sex { Male. / Female. } Tribe { Full / } Residence

(On, 19...)

DATE.	SYMPTOMS.			TREATMENT.	DIAGNOSIS.	REMARKS.
19....	T.	P.	R.			History, progress, and termination of the disease.
		2/20/13	For cutting alk.			
		Sept 4 (1913)	" " " " " "	Referred for eye-treatment		

NAME Alice Crouse Sex Male Female
 Tribe Seneca State New York Sept 19, 1912

Age 14 years Respiration _____ Condition of, Eyes Granulated lids
 Height 5 ft. 1/4 ins. Mensuration { Insp. 34
 Weight 104 1/2 lbs. { Exp. 29
 Temperature 99 1/5 Vaccination yes
 Pulse _____ Vision _____ Ears O.K.
 Throat O.K.
 Cervical glands O.K.
 Skin O.K.

Inspection Well developed
 Palpation normal
 Percussion no dullness

Auscultation no rales

Heart no murmur
 (Menstruation) regular

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			<u>yes</u>	<u>accidental</u>
Mother	<u>yes</u>	<u>good</u>		
Brothers	<u>2</u>	<u>good</u>		
Sisters				

Personal history none

Present condition good

H B Frabe, M. D.

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.
 The reverse side is intended as a card-index case-record for use by all Service physicians.

4127

CARLEISLE INDIAN SCHOOL

No. <i>2768</i>	NAME. <i>Alice Crouse</i>	AGE. <i>14</i>	TRIBE. <i>Seneca</i>	DEGREE OF INDIAN BLOOD. <i>Full</i>	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. <i>Carrollton, N.Y.</i>
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DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS.		
		On entering here.	At date of this report.		(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
<i>Sept 19, 1912</i>				<i>1/2 mi</i>	To COUNTRY	FROM COUNTRY	DATE DISCHARGED
<i>Sept 1913</i>			<i>No 4</i>			<i>8 29-13</i>	
<i>April 1914</i>			<i>No 4 1/2</i>		<i>7-9-14 - Leave</i>		SEP 30 1914

Presy.
~ 1630 ~

Progress from _____ (Date), to _____ (Date)

FIRST YEAR IN THIS SCHOOL	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.	APR.
Class or grade.....								
Academic..... standing*								
Industrial..... standing* (Department)								
Musical: Band..... standing*								
Vocal..... standing*								
Orchestra..... standing*								
Department..... standing*								
Physical condition.....								

Remarks: _____

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

117

Name of Student *Alice Crouse*

Home Address

Tribe *Seneca*

Age at Entrance *14* Date of Entrance *9-19-'12* Shop

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
7	8	9	10	11	12	1	2	3	4	5	6	

Patron *J.L. Passmore* Locality

Days in School

Address *Chatham, Pa.* R. R. Station

Conduct

Recommended by Grade in School

Ability

Grade of Home Church

Health

Date of Outing *4-10-'13* Date Returned *8-29-'13* Wages

Earnings

g
g
g
5,

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

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

117

U. S. Indian School,
Carlisle, Pa. October 1, 1913.

Mr. Myers,
Chief Clerk to the Supt.,
Sir:

Upon examining Alice Crouse as to her vision, I deem it most
advisable in having her interview a consultant.

Very respectfully,

Edw. J. Menger

Physician, Carlisle Indian School.

I recommend she be sent to Dr Fox
Phila. for relief.

A. R. Allen
M.D.

117
May 4th, 1914.

Mrs. Ida Crouse,
Carrollton, New York.

My dear Madam:

Upon receipt of your letter of April the 27th, in which you called attention to the condition of your daughter Alice's eyes, the same was referred to our School Physician with a request that he make me a report. I submit below for your information a copy of the Doctor's statement:

"Alice Crouse is being treated for trachoma. She has no excuse from school, issued by me, and no reason for her not attending exists. Her record shows that she had the disease upon entering the school. There is, therefore, no reason for sending her home."

I have also learned from the Matron that Alice's absence from school has been due to the fact that she has misrepresented facts to the Matron and thru such a scheme has been out of school. Since there is no excuse for her absence from her studies she will be compelled to take them up again at once.

-2- Mrs. Ida. Crouse.

In view of all the circumstances, I cannot give
my consent at this time for Alice to return home.

Very respectfully,

HGM.

Supervisor in Charge.

Carrollton, N. Y.

April 27, 1914.

Dear H. Ripps,
Indian School,
Carlisle,
Pa.

Dear Sir:-

My daughter Alice M. Crouse has written to me several times ~~complaining~~ of having sore eyes. And I have been worried some thing awful for fear of her losing her eye sight. I myself had a bad case of sore eyes when she was a baby. I know of some medicine that I make myself that is a sure

cure. And I have been
thinking to see if you
would let Alice come
home so I can treat
her eyes. Alice says that
she does not go to school
so she might just as well
come home. And she can
come back to school
in Sept or whenever
you wish too. If you
will let us know as
soon as you can I
~~will~~ send you the carfare
and oblige.

Yours truly,
Mrs Ida Crowe.

P.S. my other daughter Ada
that just came in from
country can come home
later if you will let her.
and they will go back
together in the fall.