

4236

CARLISLE INDIAN SCHOOL

|          |                               |            |                           |  |   |
|----------|-------------------------------|------------|---------------------------|--|---|
| No. 2643 | NAME.<br><i>Julia Johnson</i> | AGE.<br>14 | TRIBE.<br><i>Chippewa</i> | DEGREE OF INDIAN BLOOD.<br><i>Full</i> | NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.<br><i>White Earth</i> |
|----------|-------------------------------|------------|---------------------------|--|---|

| 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 8, 1911</i> | <i>54</i>                                |                        |                         |  | To COUNTRY   | FROM COUNTRY   | DATE DISCHARGED |
| <i>Sep. 1913</i>    |  |                        | <i>No. 4 1/2</i>        |  |  | <i>8-29-13</i> | <i>6-4-14</i>   |
| <i>April 1914</i>   |  |                        | <i>No 4 1/2</i>         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |
|                     |  |                        |                         |  |  |                |                 |

*E. J. ...*  
~ 1639 ~

Progress from \_\_\_\_\_, \_\_\_\_\_, to \_\_\_\_\_, \_\_\_\_\_.

(Date) (Date)

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

Remarks: \_\_\_\_\_

430

5-192 a

APPLICATION OF

William Johnson

FOR THE ENROLLMENT OF

Julia Johnson

IN THE INDIAN SCHOOL AT

Carlisle, Penna.

NAME OF AGENCY FROM WHICH PUPIL CAME:

White Earth Agency, Minn.

Date of enrollment, Aug. 25, 1911, 191

Term of enrollment, three (3) years.

NAME OF COLLECTING AGENT:

Position,

## APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at \_\_\_\_\_

Carlisle, Penna.

of Julia Johnson \_\_\_\_\_; Female \_\_\_\_\_; date of birth 1896 \_\_\_\_\_;  
(Name of child.) (Sex.)

Chippewa

(Tribe.)

| NAME OF FATHER.<br><small>(Both Indian and English.)</small> | LIVING OR<br>DEAD. | TRIBE.          | BAND.            | DEGREE OF<br>INDIAN BLOOD. |
|--|--------------------|-----------------|------------------|----------------------------|
| <u>William Johnson</u>                                       | <u>living</u>      | <u>Chippewa</u> | <u>Ottertail</u> | <u>4/4</u>                 |
| <u>yah-ga gay-now(?)</u>                                     |                    |                 |                  |                            |
| <small>NAME OF MOTHER.</small>                               |                    |                 |                  |                            |
| <u>Katherine Johnson</u>                                     | <u>living</u>      | <u>"</u>        | <u>"</u>         | <u>4/4</u>                 |
| <u>Wah-sa-gun</u>  |                    |                 |                  |                            |

I, William Johnson \_\_\_\_\_, do hereby voluntarily consent and agree to her \_\_\_\_\_  
(Parent, guardian, or next of kin.)

enrollment in said school for a period of three \_\_\_\_\_ years, and also obligate myself to abide by  
(Not less than 3.)

all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

| NAME OF SCHOOL.             | DATE OF<br>ENROLLMENT. | DATE OF<br>DISCHARGE. | CAUSE.                 | GRADE.     |
|-----------------------------|------------------------|-----------------------|------------------------|------------|
| <u>Wild Rice River Bdg.</u> | <u>1905</u>            | <u>June, 1907</u>     | <u>Close of school</u> | <u>2nd</u> |
| <u>White Earth Bdg.</u>     | <u>Sep. 1907</u>       | <u>May, 1911</u>      | <u>" "</u>             | <u>3rd</u> |
| 3.                          |                        |                       |                        |            |
| 4.                          |                        |                       |                        |            |

Katherine Johnson  
(Parent, guardian, or next of kin.)

P. O. address: May tah waush, Minn.

Two witnesses:

Wm W. Abbott

Birdella Abbott

GOVERNMENT PHYSICIAN'S CERTIFICATE.

*Vision Right eye good  
slightly impaired left  
eye from scar tissue*

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find *her* to be in proper physical condition to attend school, and not afflicted with tuberculosis or any disease which would be a menace to the health of other pupils.

This *23<sup>rd</sup>* day of *Aug.*, 191*1*

*John W. Abbott*

Physician at *White Earth Mission Agency*

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true; that the consent of *Catherine Johnson*  
(Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them):

This *5<sup>th</sup>* day of *Sept*, 191*1*

*W. G. West*  
*Acadg*

Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

I hereby certify that on \_\_\_\_\_, I made a careful examination of the physical condition of \_\_\_\_\_, the child named in the foregoing application, and found \_\_\_\_\_ to be \_\_\_\_\_  
(As soon after arrival as possible.)

I therefore recommend that the said child be \_\_\_\_\_ enrolled in this school.

This \_\_\_\_\_ day of \_\_\_\_\_, 191

Nonreservation School Physician.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

## INDORSEMENTS.

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The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

*Provided*, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

The rules provide that—

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation 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.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

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CARLISLE INDIAN INDUSTRIAL SCHOOL  
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

|   |   |   |                    |                                |                                 |                                |                    |            |
|---|---|---|--------------------|--------------------------------|---------------------------------|--------------------------------|--------------------|------------|
| NUMBER<br><del>3212</del><br>2643           | ENGLISH NAME<br>Julia Johnson                               | AGENCY<br>White Earth                                   | NATION<br>Chippewa |                                |                                 |                                |                    |            |
| BAND<br>Ottetail                            | INDIAN NAME   | HOME ADDRESS<br>Catherine Johnson<br>White Earth, Minn. |                    |                                |                                 |                                |                    |            |
| PARENTS LIVING OR DEAD                      |   | BLOOD<br>Full   | AGE<br>14          | HEIGHT<br>4-11                 | WEIGHT                          | FORCED INSP.<br>32 1/2         | FORCED EXPR.<br>30 | SEX.<br>F. |
| FATHER, <input checked="" type="checkbox"/> | MOTHER, <input checked="" type="checkbox"/>                 | ARRIVED AT SCHOOL<br>Sep. 8, 11                         |                    | FOR WHAT PERIOD<br>Three year. | DATE DISCHARGED<br>June 4, 1914 | CAUSE OF DISCHARGE<br>Time out |                    |            |
| TO COUNTRY<br>11-8-11                       | PATRONS NAME AND ADDRESS<br>Mrs. James Dixon, Woodmont, Pa. |   |                    |                                |                                 | FROM COUNTRY<br>8-29-13        |                    |            |
| THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877 |   |   |                    |                                |                                 |                                |                    |            |

Months in school before Carlisle, 54

Grade entered at Carlisle, .....

Grade at date of Discharge, .....

Trade or Industry, .....

Church, .....

Carlisle

NAME Julia Johnson

Sex { Male. Female.

Tribe { Full } Chippewa State Minnesota Aug 25, 1911

Age 14 years Respiration normal Condition of Eyes good

Height 5 ft. 1 ins. Mensuration { Insp. 32 Ears normal

Weight 102 lbs. { Exp. 29 1/2 Throat "

Temperature normal Vaccination Yes Cervical glands "

Pulse " Vision Right eye good, slightly Skin "

Inspection negative impaired left eye from scar tissue.

Palpation "

Percussion "

Auscultation "

Heart normal

(Menstruation) "

FAMILY HISTORY.

|          | LIVING. | CONDITION OF HEALTH. | DEAD. | CAUSE OF DEATH. |
|----------|---------|----------------------|-------|-----------------|
| Father   | 1       | Good                 |       |                 |
| Mother   | 1       | "                    |       |                 |
| Brothers | 3       | "                    | 1     | Unknown         |
| Sisters  | 2       | "                    | 1     | Unknown         |

Personal history negative

Present condition Good Should be admitted to school W. W. A.

Wm W. Abbott, 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.





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NAME *Julia Johnson*

Sex  Male  Female

Tribe  Full *Chippewa* State *Minn.*

*Sept 9*, 19*11*

Age *14* years

Respiration

Condition of, Eyes *Trachoma*

Height *4* ft. *11* ins.

Mensuration { Insp. *32 1/2*

Ears *OK*

Weight *123* lbs.

Exp. *30*

Throat *OK*

Temperature *98*

Vaccination *Sept 9-11*

Cervical glands *OK*

Pulse *74*

Vision

Skin *OK*

Inspection *OK*

Palpation *OK*

Percussion *OK*

Auscultation *OK*

Heart *OK*

(Menstruation) *OK*

FAMILY HISTORY.

|          | LIVING.    | CONDITION OF HEALTH. | DEAD.    | CAUSE OF DEATH. |
|----------|------------|----------------------|----------|-----------------|
| Father   | <i>420</i> | <i>well</i>          |          |                 |
| Mother   | <i>"</i>   | <i>"</i>             |          |                 |
| Brothers | <i>3</i>   | <i>"</i>             | <i>1</i> | <i>T.B.</i>     |
| Sisters  | <i>2</i>   | <i>"</i>             |          |                 |

Personal history *None all disease.*

Present condition *good.*

*Elmer Hess*, 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.



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Visit made Nov. 6, 1912.

REPORT OF Julia Johnson pupil of Carlisle Indian  
 School, who went Nov 8-11 to live with Mrs. Jav. Lyon  
(Date) (Patron)  
 of Woodmont, Montgomery  
(Post Office) (County) Harbors  
Pa., Woodmont Harbors  
(State) Railroad Station

Conduct Very good; stubborn at times.  
 Health Very good; eyes giving some trouble.  
 Ability Fair  
 Cleanliness Quite clean.  
 Economy Needs training.  
 Situation of Room 2<sup>d</sup> floor.  
 Condition of Room Excellent  
 Condition of Clothing Excellent  
 Wages In School.  
 Are careful accounts kept by patron? Yes.  
 Are careful accounts kept by pupil? No.  
 Number of days at school Began school - Oct. 14 - 1912.  
 Distance to school 5 min. walk.  
 Grade or quality of school Countryside School  
 Name and address of teacher Miss Kinzy - 1800 N. Bouvise St., Phila.  
 Qualifications of teacher Millersville Normal Grad.  
 In what grade was pupil at Carlisle? Normal.  
 In what grade is pupil at present? Grade 3.  
 Attends what church and Sunday school? Methodist - Family Meth.  
 Distance to church 2 1/2 miles  
 Is there a Catholic church in locality? No.

Who compose patron's family? Mr. + Mrs. Lyon - hired man.  
 What other help is employed? No other help in the house.  
 Locality of home Farm 2 1/2 mi. from Harbors; All conveniences.  
 Home life and environments Apparently very practical.  
 Trade at school  
 Nature of work Garlic keeper  
 Pupil's age 16 Experience Since Nov. 8 - 1912



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REPORT OF Julia Johnson pupil of Carlisle Indian School, who went Nov-1910 to live with Mrs. Jas. Lyons of Pa., Woodmont Railroad Station

Conduct vg

Health u

Ability fair - improving

Cleanliness good

Economy good

Situation of Room end

Condition of Room vg

Condition of Clothing vg

Wages \$4.3 per mo. send all to school

Are careful accounts kept by patron? yes

Are careful accounts kept by pupil? —

Number of days at school

Distance to school

Grade or quality of school

Name and address of teacher

Qualifications of teacher

In what grade was pupil at Carlisle?

In what grade is pupil at present?

Attends what church and Sunday school? yes

Distance to church

Is there a Catholic church in locality?

Who compose patron's family? h + w

What other help is employed? none

Locality of home

Home life and environments

Trade at school

Nature of work gen house

Pupil's age 17 Experience

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

A series of horizontal dotted lines for writing.

# PUPIL'S HEALTH REPORT.

430

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... Mrs J Lyons

Pupil's name..... Julia Johnson

General health of the pupil..... good

Has pupil been ill the past two months?..... no

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?..... no

For how long has he had it?.....

Give the pupil's weight..... 118

Has the pupil any trouble with the eyes?..... no

Are the eyelids inflamed?.....

Remarks:.....

Date.....

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

# PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... Mrs J Lewis Woodmont Pa

Pupil's name..... Julia Johnson

General health of the pupil..... good

Has pupil been ill the past two months?..... no

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?..... no

For how long has he had it?.....

Give the pupil's weight..... 12.3

Has the pupil any trouble with the eyes?..... no

Are the eyelids inflamed?..... no

Remarks:.....



# PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mrs J Lyons, Woodmont Pa*

Pupil's name *Julia Johnson*

General health of the pupil *good*

Has pupil been ill the past two months? *no*

Name of disease \_\_\_\_\_

Name and address of the physician in attendance \_\_\_\_\_

Does the pupil have a cough? *no*

For how long has he had it? \_\_\_\_\_

Give the pupil's weight *123*

Has the pupil any trouble with the eyes? \_\_\_\_\_

Are the eyelids inflamed? \_\_\_\_\_

Remarks: \_\_\_\_\_

Date *May 1, 1912.*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

# PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address. Mrs J L Gous Woodmont Pa

Pupil's name. Julia Johnson

General health of the pupil. good

Has pupil been ill the past two months? yes

Name of disease. Conjunctivitis

Name and address of the physician in attendance. Dr W Hancock  
Hartford Pa

Does the pupil have a cough? no

For how long has he had it? — —

Give the pupil's weight. 117

Has the pupil any trouble with the eyes? not now

Are the eyelids inflamed? no

Remarks:

# PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... Mrs J Lyons Woodmont Pa

Pupil's name..... Julia Johnson

General health of the pupil..... good

Has pupil been ill the past two months?..... yes

Name of disease..... Tonsillitis

Name and address of the physician in attendance..... Dr W. Heanun

..... Harbor Pa

Does the pupil have a cough?..... no

For how long has he had it?.....

Give the pupil's weight..... 102

Has the pupil any trouble with the eyes?..... no

Are the eyelids inflamed?..... no

Remarks:.....

.....

..... Julia is better she only

..... had a light case & had

..... the dx twice for her

..... Mrs Lyons

.....

# PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... Mrs J Lyons Woodmont Pa

Pupil's name..... Julia Johnson

General health of the pupil..... good

Has pupil been ill the past two months?..... no

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?..... no

For how long has he had it?.....

Give the pupil's weight..... 115

Has the pupil any trouble with the eyes?..... not much

Are the eyelids inflamed?..... no

Remarks:.....

Date..... March 31 1918

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

# PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... Mrs J Lyons Woodmont <sup>pe</sup>

Pupil's name..... Julia Johnson

General health of the pupil..... good

Has pupil been ill the past two months?..... no

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?..... no

For how long has he had it?.....

Give the pupil's weight..... 118

Has the pupil any trouble with the eyes?.....

Are the eyelids inflamed?.....

Remarks:.....

Date..... Nov. 30 1912

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

# PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Mrs J Lyons Woodmont Pa*

Pupil's name *Julia Johnson*

General health of the pupil *good*

Has pupil been ill the past two months? *no*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *no*

For how long has he had it?

Give the pupil's weight *118*

Has the pupil any trouble with the eyes?

Are the eyelids inflamed?

Remarks:

Date *Jan 31 1913*

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

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NAME.

Julia Johnson

TRIBE.

Chippewa

PARENT OR GUARDIAN.

Catherine Johnson

DATE ENROLLED.

Sept. 8, 1911

TERM.

Three years

AGE.

14

HOME ADDRESS

White Earth, Minn.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM  
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room  
No.

Neatness

Conduct.

Ability.

Conduct.

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

438

Name of Student *Julia Johnson* Home Address *White Earth, Minn., Tribe Chippewa*

Age at Entrance *14* Date of Entrance *9-8-'11* Shop \_\_\_\_\_

Patron *Mrs. Jas. Lyons* Locality \_\_\_\_\_ Days in School \_\_\_\_\_

Address *Fordmont Pa.* R. R. Station \_\_\_\_\_ Conduct \_\_\_\_\_

Recommended by \_\_\_\_\_ Grade in School \_\_\_\_\_ Ability \_\_\_\_\_

Grade of Home \_\_\_\_\_ Church \_\_\_\_\_ Health \_\_\_\_\_

Date of Outing *11-8-'11* Date Returned *8-29-'13* Wages \_\_\_\_\_ Earnings \_\_\_\_\_

| JAN.     | FEB.     | MAR.     | APR.      | MAY       | JUNE      | JULY      | AUG.       | SEPT.     | OCT.      | NOV.      | DEC.      | TOTAL OR AVERAGE |
|----------|----------|----------|-----------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|------------------|
| <i>7</i> | <i>8</i> | <i>9</i> | <i>10</i> | <i>11</i> | <i>12</i> | <i>1</i>  | <i>2</i>   | <i>3</i>  | <i>4</i>  | <i>5</i>  | <i>6</i>  |                  |
|          |          |          |           | <i>13</i> | <i>16</i> | <i>14</i> | <i>9</i>   | <i>20</i> | <i>15</i> |           |           |                  |
|          |          |          |           | <i>4</i>  | <i>7</i>  | <i>4</i>  | <i>4</i>   | <i>4</i>  | <i>4</i>  | <i>4</i>  | <i>4</i>  |                  |
|          |          |          |           | <i>4</i>  | <i>4</i>  | <i>7</i>  | <i>7.9</i> | <i>4</i>  | <i>4</i>  | <i>7</i>  | <i>4</i>  |                  |
|          |          |          |           | <i>4</i>  | <i>4</i>  | <i>4</i>  | <i>4</i>   | <i>4</i>  | <i>4</i>  | <i>4</i>  | <i>4</i>  |                  |
|          |          |          |           |           |           |           |            |           |           | <i>3.</i> | <i>3.</i> |                  |

|           |           |           |           |           |           |           |           |  |          |  |           |  |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|----------|--|-----------|--|
|           |           |           | <i>10</i> | <i>20</i> | <i>17</i> | <i>23</i> | <i>20</i> |  |          |  |           |  |
| <i>9.</i> | <i>9.</i> | <i>9.</i> | <i>9.</i> | <i>4</i>  | <i>4</i>  | <i>4</i>  | <i>4</i>  |  | <i>4</i> |  |           |  |
| <i>9.</i> | <i>9.</i> | <i>9.</i> | <i>9.</i> | <i>4</i>  | <i>4</i>  | <i>4</i>  | <i>4</i>  |  | <i>4</i> |  |           |  |
| <i>9.</i> | <i>9.</i> | <i>9.</i> | <i>9.</i> | <i>4</i>  | <i>4</i>  | <i>4</i>  | <i>4</i>  |  | <i>4</i> |  |           |  |
| <i>3.</i> | <i>3.</i> | <i>3.</i> |           |           |           |           |           |  |          |  | <i>3.</i> |  |



# OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

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

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May 25th, 1914.

Mrs. Katherine Johnson,  
White Earth, Minnesota.

My dear Madam:

This is to inform you that your daughter  
Julia will leave here for your home on Thursday, June  
the 4th, with the other girls whose periods of enrol-  
ment terminate at the close of school this week. She  
will be provided with transportation for her passage  
to your home.

Please let me hear from you when Julia has  
arrived at your home.

Very respectfully,

HKM.

Supervisor in Charge.

Copy to Superintendent Howard.

