CARLISLE INDIAN INDUSTRIAL SCHOOL Cherokee 5375 HOME HOREScher Mrs. Jennie Loseich PARENTS LIVING OR DEAD tan. 28,1915 v Briggs, Woodbourne, Pag Months in school before Carliste, 3-4 Grade entered at Carlisle, Grade at do of Discharge, Frade or Industry,

6 mi. to public school

9	29	8	CA	RLIS	LE IN	DIAN SCH	1001					
No. 5375 Lossil	NAME.	horns	es.	AGE.	Che	TRIBE.	,	DEGREE OF INDIAN BLOOK.	VATI	ION, IF E	ency and R nrolled; is tige of Fami	NOT,
DATE ENTERED.	Months in school before enroll- ment here.	On entering here.	At date of this report.	Distanto near public school from pupil' home	est 1					erters, on	sick leave,	
1-28-15	34		4	IE		To COUNTR	Y	FROM	1 Coun	NTRY	DATE DISC	HARGED
Seft. 15-		8	TIT		AP	R 1 19	115		-			_
					Jun	29,1915=	Re	-	-	-	7-9-	15
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											Bapt	4
Progre	ess fron	n	(Dat	e)	,			, to		(Do	ite)	-,
FIRST YEAR	IN THIS	SCHOOL	s	EPT.	OCT.	NOV.	DE	C. JA	N.	FEB.	MAR.	APR.
Class or grade Academic	S											
Industrial (De												
Musical: Ban												
Vocal Orchestra												
		1										
Deportment	S	tanding	*				2222					
Physical cond	lition_											
Remarks:					(

BRIEF. Application of Thomas Lassih FOR THE ENROLLMENT OF IN THE INDIAN SCHOOL AT Carlisle, Pennsylvania NAME OF AGENCY FROM WHICH PUPIL CAME: Date of enrollment, , 190.....

Term of enrollment,...

Application for Enrollment in a Non-reservation School. (For a child enrolled at an Agency)

Of Thomas (Name Easlern Che (Tribe)	of Child)	·	Male';	date of birt	h 18	96
NAME OF FATHER (Both Indian and English)	Living of Dead	or J	TRIBE	ВА	AND	DEGREE OF INDIAN BLOOD
Charlie Link	dead	Che	roker	Cas	lim	*Jak
NAME OF MOTHER	livi	y Che	whee	Car	lim	4/4
	ool for a perio	d of School .	han 3)			- 0
enrollment in said scho he rules and regulatio The said child has	ool for a perio	d of Cot less to School . in the follow	years, a years, a years, a ying schools:	and also obl	igate mysel	f to abide by
nrollment in said scho he rules and regulatio The said child has	ool for a perions for Indian been enrolled	d of Cot less t School . in the follow	years, a years, a years, a ying schools:	and also obl	igate mysel	f to abide by
nrollment in said scho he rules and regulatio The said child has	ool for a perions for Indian been enrolled	d of Cot less to School . in the follow	years, a years, a years, a ying schools:	and also obl	igate mysel	f to abide by
nrollment in said scho he rules and regulatio The said child has	ool for a perions for Indian been enrolled	d of Cot less to School . in the follow	years, a years, a years, a ying schools:	and also obl	igate mysel	f to abide by
nrollment in said scho he rules and regulatio The said child has NAME OF SCHOOL	ool for a perions for Indian been enrolled	d of Cot less to School . in the follow	years, a years, a years, a ying schools:	and also obl	igate mysel	f to abide by
nrollment in said scho he rules and regulatio The said child has NAME OF SCHOOL	ool for a perions for Indian been enrolled	d of Cot less to School . in the follow	years, a years, a years, a ying schools:	and also obl	igate mysel	f to abide by

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find him 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 27th day of January, 19 15

Leo L Elliott

Physician at Chewkee Agency

CERTIFICATE OF AGENT OR SUPERINTENDENT.

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 hornous loss how was voluntary, and I recommend the transfer of said child.

This Hell day of Jan.

Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent 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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

INDORSEMENTS.

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 is living, and if neither of them is 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.)

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.

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



NAME The	nas L	ossih.		Sex Male.
Tribe { Full }	Cherok	ee State N. C	******	Jan 27, 19 15
Age18			Co	ndition of, Eyes Normal
Height5	1	in the second se		Ears normal
Weight 13			3	Throat normal
Temperature 9	8.0	Vaccination Ms		Cervical glands nulmal
Pulse Le L	1	vision avad	******	Skin normal
Inspection	normal	J		**************************************
Palpation	norma	I fremitus, Equa	fall our	4
Percussion	Λ	,		
Heart		+ vice sounds		
(mensu action)		FAMILY HISTOR	γ.	
7	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father			iges	unknown
Mother	ages	good health.		
Brothers	five	U ., ,,	tus	unknown
Sisters	none		one	unknown
Personal history				
Present condition	******************			
		×	Es X	Ellio H., 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.

Age

	Λ	Vame		 ***************************************
Sex	Male. Female.	Tribe	Full	 Residence

DATE.				SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS. History, progress, and termination of the disease.
19	T.	Р.	R.				
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		renewe.	****				

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	- (2020						

				***************************************	***********		

7	vuas (34	Sex { Male.
NAME TU)		(Temate.
Tribe $\left\{ \frac{Pall}{1/2} \right\}$	Churals	state Tu. Ear		Jan. 29, 19
Age14	yea	rs Respiration 14		ndition of, Eyes Honnal
Height	ft. 9 in	is. Insp. 3	3	Ears Regative
Weight 136	, , , , , , , , , , , , , , , , , , ,	Mensuration { Exp.	30	Throat Sleynty enlarg
Temperature	97	Vaccination	****	Cervical glands Augature
Pulse	72	Vision & ovel		Skin 4
		ulopment		
Palpation	Regative	. /		
Percussion	0 1			
Auscultation	1			
Heart				
(Monstruction)				
		FAMILY HISTOR	Y.	
	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
-	74			
Father	The sales	7u . 1		Trate Known
Mother	5	Topol		
Brothers	}			<u> </u>
Sisters	{		- (That bonous.
	(
Personal history	Thumpung	r, Turners Cli	chen Pay	4
	222422222222222222222222222222222222222			**********************
			+	***************************************
Present condition	n		************	
			A	7
		M	ello Ih	ndtreff , M. D.
			T. V.V. V	/8

r 11 mg

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.

	CASE	RECORD.	5-354.
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Name	
* a co	***************************************

Age	Sex { Male. Female.	Tribe ${Full \choose I}$		Residence
-----	---------------------	--------------------------	--	-----------

(On, 19....)

DATE.				SYMPTOMS.	TREATMENT.	DIAGNOSIS.	REMARKS. History, progress, and termination of the disease.	
19	T.	т. Р.		P. R.				
			15152			-		
				2022020202020202020202020202020202020202				
*****	-							
-00000	n 000.00							

Information regarding pupils to test eligibility and whether in need of Federal aid.

Ha I o
Date of report
Name of child Thomas Jossin. Age 18 Grade 3.
Home post office Straywell north Carolina.
Home post office.
Tribe Phetokel, Degree of Indian blood fool blood
How many acres of land do you own "44 acres Location Swain County
north Carolina
What is the annual income from your land #3.0
\mathcal{L}_{1}
Do you have any other income Mow much Go.
Is your father living MA
Father's name Charles Loss in.
Father's name
Home post office Swagney north Corolina. M.C.
Tribe Cherokee Degree of Indian blood full bloods
Is he a citizen III.
How much land does he own \$5 acres, Allotment No
What is its estimated value \$73.
What is its estimated value
What is the annual income from his land 50 -
Does he have any other income. MS
If so, how much
Does your father pay taxes on land or personal property Media
West West West
Is your mother living Y
Mother's name
Home post office SW July 19 Moyth Carlolina Mile.
Tribe Mettok Ol Degree of Indian blood full WWW.
Is she a citizen AlA
How much land does your mother own 19 as 41s Allotment No
How much land does your mother own 12 M Allotment No
What is its estimated value.

What is the annual income from her land 712
Does she have any other income All
If so, how much \$\mathcal{P}/5\)
Does your mother pay taxes on her land or on personal property.
With whom do you make your home May Mother There
How many rooms in the house
How many live in the house 5 Reokle
How far is your home from nearest public school 12 Miles
Why do you not attend that school I did attend that school
How many teachers employed there 3 Teachers
How many grades maintained J. g. C. a. des
How many months of school each year 12 Months
Did you ever attend a public school 465 Swain
If so, how long 5 years Where County Note.
How many brothers of school age have you.
How many sisters of school age have you. MAT. caref
Are they in school Yls
Where me in pluhoma and the other in U.C.
Remarks and recommendations of superintendent with reference to eligibility and need of Federal aid:
•
Superintendent

NOTE.—One of these blanks should be filled out by each pupil at Government boarding schools, preferably with the assistance of the superintendent or some one designated to act as his representative. If the superintendent is of opinion from the information given that the pupil is entitled to enrollment he should so indicate by signing the blank in the proper place and filing in the individual pupil's folder. In the case of pupils concerning whose eligibility or need of Government aid there is some doubt, superintendents should make proper remarks and recommendations in the space indicated and forward the form to the Indian Office for consideration.

Name of Student Thomas Rossin Home Address Cherokel. 7. C. Tribe Chero								54 her	12 rokee			
Age at 10 Date of 1-28-15- Shop										NOV.		TOTAL OR AVERAGE
Patron Waylor Briggs Address R. R. Station	Days in School											
Recommended by Grade in	Conduct				y	y						
School	Ability				e	y						
Grade of Home Church	Health				25	y						
Date of 4-/-/5 - Date 9am 6-6-15 Wages	Earnings				16.							
		24										
	7(A)											

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.	ост.	NOV.	DEC.	TOTAL OR AVERAGE
Patron		Lo	cality	Days in School													1
Address		R. R. Station		Conduct													
Recommended by			Grade in School	Ability													
Grade of Home	C	Church		Health													
Date of Outing	Date Returned	Wages		Earnings													
																	+
													2				
YAWMAN & ERBE MFG. CO., ROCHESTER,	N. Y.				1 20			1								441037	3M. 4.09

542

July 13th, 1915.

Mrs. Jennie Lossih.

Cherokee, North Carolina.

My dear Madam:

I must advise you that your son Thomas has been a deserter since the 9th of June and that the efforts that have been made to find where he is have been without result.

If you learn where he is located or he arrives at your home please notify me at once so that definite information may be on file here regarding him.

Very truly yours,

HKM.

Acting Superintendent.

4298 May 18, 1917 Mr. J. E. Henderson, Supt., Cherokee Indian School, Cherokee, Worth Carolina. Dear Mr. Henderson: I am enclosing herewith a check for \$26.73 made payable to Thomas Lossin, a former pupil from your reservation. This represents the balance in his account here and I will thank you to deliver it to him.

Thanking you for your attention to this matter, I am

Yours very truly,

Superintendent.

LG

encl.

Y AND E' ROCH.

REPORT AFTER LEAVING CARLISLE

563757 3M-2-11

NAME AT CARLISLE

Thomas Rossih

PRESENT NAME

_					_
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
					24
			55		
			-		