

3566

BRIEF.

Application of

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Date of enrollment, _____, 190_____

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, Pa., of Lindsay Jackson, male, I, Emily P. Lincoln of Inoguois P. O., State of N.Y., do hereby voluntarily consent and agree to his 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 Catt. Res. on Apr 10, 1893 that the father, Philip Jackson, is full blood Indian of the Seneca Tribe located at Catt Res Agency; that he left the tribe about _____; that the mother, Susie Ground, is full blood Indian of the Cayuga Tribe located at Catt Res 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>Thomas Indian School</u>	<u>Inoguois, N.Y.</u>	<u>June 26 '03</u>		<u>Transferred</u>	<u>Eighth</u>

This 6th day of Dec, 1905

Two witnesses:

Alta J. A. Baer

Emily P. Lincoln
(Parent, guardian, or next of kin.)

J. C. Brennan

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, Emily P. Lincoln, do hereby swear that the statements made in the above application are true.

Emily P. Lincoln
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 6th day of Dec, 1905

Ida L. Burr Notary Public
for Seneca Co.

(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 Lindsay Jackson
has attended the Thomas Indian School at
Roquois New York, from June 1903 19
to Dec 1910.
Roquois N. Y.
Dec 6 1910.

J C Bennair
(Sign here.)

Certificate of Physician.

I, A. D. Ladd, a practicing physician of Gorvanda NY, do hereby certify that I have carefully examined Sindly Jackson

the child named in this application, and find that he 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 21 day of November, 1900 A. D. Ladd, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, _____, a _____, of _____, do hereby certify that I am personally acquainted with _____ who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____; that

(Name of Child.)

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 _____ day of _____, 190_____

VOUCHER No. 2.

I, _____, a _____, of _____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____; 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 _____

This _____ day of _____, 190_____



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 _____, 190_____

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 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.

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.

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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6268	ENGLISH NAME Lindsey Jackson	AGENCY Cath. Res.	NATION Seneca & Cayuga	
BAND	INDIAN NAME	HOME ADDRESS Emily P. Lincoln Droguois, N.Y.		
PARENTS LIVING OR DEAD	BLOOD Full	AGE 17	HEIGHT 5-8½	WEIGHT 141½
FATHER, L	MOTHER, L	FORCED INSP. 37½	FORCED EPYR. 36	SEX. M.
ARRIVED AT SCHOOL Dec. 10, 1910	FOR WHAT PERIOD Five years	DATE DISCHARGED July 20, 1911	CAUSE OF DISCHARGE Deserter	
TO COUNTRY 4-6-'11	PATRONS NAME AND ADDRESS Mrs J. B. Webster Hubertville, Pa. P. C.		FROM COUNTRY 6-20-'11	

THE SHAW-WALKER CO., MUSKOGEE, 79/04

Months in school before Carlisle,

Trade entered at Carlisle,

Trade at date of Discharge,

Trade or Industry,

Church,

Miles to school.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL *Jackson Ludsay* DATE *12-15-1910*

AGE *17* YEARS { ~~RENEW~~ NEW } STUDENT. TRIBE *Cayuga* STATE *N. Y.*

DEGREE OF INDIAN BLOOD *3/4*

INSPECTION *Physical type of chest*

PALPATION *Normal*

PERCUSSION *Normal*

AUSCULTATION { RESONANCE *Normal*
RESP. MURMUR

HEART SOUNDS *Normal*

MENSURATION { INSP. *37 1/2* RESPIRATION *20* PULSE *86*
EXP. *32*

TEMPERATURE.....degs. HEIGHT *5-8 1/4* FT. IN. WEIGHT *14 1/2* LBS.

VISION..... VACCINATION *Good scar*

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<i>yes</i>	<i>good</i>		
MOTHER			<i>yes</i>	<i>?</i>
BROTHERS {	<i>1</i>	<i>1 good</i>		
SISTERS {	<i>0</i>			

PERSONAL HISTORY:

measles chicken pox

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITION:

Mar. 14 - 1911

OK.

Read Instructions on this Application Blank carefully

BRIEF

Application of

Lindsay Jackson

FOR THE ENROLLMENT OF

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Lawton Sta., N.Y.

Date of enrollment *Jan. 13th* 191*5*

Term of enrollment *One* (*1*) years

Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

Application for Enrollment in a Non-Reservation 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, Pa, of Lindsay Jackson, M., I, Lindsay Jackson (Name of child.) (Sex.) (Parent, Guardian, or next of kin.) of Tawton Sta., P. O., State of N. Y., do hereby voluntarily consent and agree to my enrollment in said school for a period of one years, and also obligates and bind myself to abide by all the rules and regulations for Indian schools. (Not less than three.)

I further say that the said child was born at Tawton Sta. N. Y. on April 10, 1894 (Date.) that the father, Philip Jackson, is a full Indian of the Seneca (Name.) (Is or was.) (Degree.) Tribe located at _____ Agency; that he left the tribe about _____; (Approximate date.) that the mother, Surie Jackson, was a full Indian of the Cayuga (Name.) (Is or was.) (Degree.) Tribe located at _____ Agency, and left the tribe about _____; that (Approximate date.) 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.

This 13th day of Jan., 1915

Two witnesses:

Harvey K Meyer

Lindsay Jackson
(Parent, guardian, or next of kin.)
P. O. Tawton Sta. N. Y.

(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, _____, do hereby swear that the statements made in the above application are true.

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

Sworn to and subscribed before me this _____ day of _____, 191

(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, _____, a practicing physician of _____
_____, do hereby certify that I have carefully examined _____,
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.

This _____ day of _____, 191

_____, M. D.

Vouchers of Disinterested Persons.

VOUCHER NO. 1.

I, _____, a _____ of
(Business, calling, or profession.)
_____, _____, do hereby certify that I am personally acquainted with
_____ who makes the foregoing application; that I believe _____ state-
ments therein are true; that I am acquainted with _____; 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 can not receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 191

VOUCHER NO. 2.

I, _____, a _____ of
(Business, calling, or profession.)
_____, _____, do hereby certify that I am personally acquainted with
_____, who makes the foregoing application; that I believe _____ state-
ments therein are true; that I am acquainted with _____; 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 _____

This _____ day of _____, 191

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.

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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.



Important—Only those students who desire to come to Carlisle because they have a definite purpose in view will be admitted. Applications for enrollment must be submitted in all cases for consideration before transportation can be made available. Time will then be taken to find out the records students have made in the schools previously attended, and to secure recommendations as to their *moral character* and their worthiness for further attendance at a Government institution.

Jackson, Lindsay
Correspondence

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6366

No. 4468 NAME. JACKSON Lindsay AGE. 21 TRIBE. Cayuga DEGREE OF INDIAN BLOOD. NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.

re DATE ENTERED. 1-12-16	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS. Was formerly in Room 9 but wanted to brush up in Room 8. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)
		On re-entering here.	At date of this report.		
		Room 8 at his request.			
			VII		To COUNTRY FROM COUNTRY DATE DISCHARGED May 22, 1915 = Leon ~ 6-22-15 = from

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:

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~~3566~~

John
Harlow

TRADE RECORD, CARLISLE.

PUPIL *Linsey Jackson*

TRADE *Steamfitting etc*

ABILITY *Good*

CONDUCT *Good*

REMARKS

INSTRUCTOR *A. F. Weber.*

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Proquiro, N.Y. 304
 Tribe Seneca

Name of Student *Lindsey Jackson*

Home Address *Emily P. Lincoln*

Age at Entrance *17* Date of Entrance *12-10-78* Shop

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	

Patron *J. G. Webster* Locality

Days in School

Address *Hulmeville, Pa.* R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home Church

Health

Date of Outing *4-6-11*

Date Returned *6-18-11*
Dropped 7-20-11 Wages

Earnings

7
7
7
12.6/16.

32
May 21st, 1915.

Mr. Philip Jackson,
Lawton Station, New York.

My dear Sir:

At the request of your son Lindsay it is being arranged so that he can leave here on Monday evening of next week to come to your home. Transportation for his passage to Lawton Station will be procured for his use.

Hoping you can take time to notify this office when Lindsay has arrived at your home, I remain,

Very truly yours,

HKM.

Superintendent.

32 May 27th 1915-

Mr O. H. Lipps, my dear sir

I will now write a few words
to notify you about L. Jackson
he arrived on 25th of May 1915
So you must expect him
at Home gladly

Very truly yours
Philip Jackson

Sautons sta

J.P.J.

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

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Date of report May 3, 1915

Name of child Lindsay Jackson Age 9 Grade 6

Home post office Lawton station

Tribe Cayuga Degree of Indian blood Full

How many acres of land do you own None Location Cattaraugus

What is the annual income from your land 0

Do you have any other income NO How much \$40 year

Is your father living yes

Father's name Philip Jackson

Home post office Gowanda N.Y.

Tribe Seneca Degree of Indian blood Full

Is he a citizen No

How much land does he own I do not know Allotment No. _____

What is its estimated value 9 " " "

What is the annual income from his land I dont know

Does he have any other income " " "

If so, how much _____

Does your father pay taxes on land or personal property I dont know

Is your mother living No

Mother's name Mr Susie Jackson

Home post office Lawton station

Tribe Cayuga Degree of Indian blood Full

Is she a citizen No

How much land does your mother own _____ Allotment No. _____

What is its estimated value _____

What is the annual income from her land.....

Does she have any other income.....

If so, how much.....

Does your mother pay taxes on her land or on personal property.....

With whom do you make your home..... Aunt

How many rooms in the house..... 4

How many live in the house..... 4

How far is your home from nearest public school..... 200 yds

Why do you not attend that school..... Because I wanted to

come to Carlisle so I can learn a trade

How many teachers employed there..... I don't know

How many grades maintained..... up to 8th

How many months of school each year..... 10

Did you ever attend a public school..... ~~yes~~ No

If so, how long..... 8 yrs

Where..... Thomas I

How many brothers of school age have you..... 1

How many sisters of school age have you..... 2

Are they in school..... yes

Where..... Thomas Indian School

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.