4416

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER	ENGLISH NAME	AGENCY	NATION
3028	Elsie U. Jones	Cattaraugus	Seneca

BAND	INDIAN NAME	HOME ADDRESS
		Uncle, Sylvester Jay. Irving, N. Y.

PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER	MOTHER	3/4	18					F

ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED	CAUSE OF DISCHARGE
Nov. 2, 1914	Three years	July 2, 1915	Termination of leave.

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
6-1-15	On leave.	

SHAW-WALKER, MUSKEGON, MICHIGAN. 43445

Months in school before Carlisle, 8 yrs.

Grade entered at Carlisle.

Grade at date of Discharge,

Trade or Industry,

Church. Presbyterian

4 mi. to school

4416

CARLISLE INDIAN SCHOOL ✓

No. 3028 NAME.	AGE.	TRIBE.	DEGREE OF INDIAN BLOOD.	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.
Jones, Elsie W.	18	Seneca	3/4	Irving, N.Y.

DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM. On entering here.	IN WHAT GRADE OR ROOM. At date of this report.	Distance to nearest public school from pupil's home.	REMARKS. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.) To Country	From Country	Date Discharged
11-2-14							
~	8 yr.	11	~	4 m.			
Sept. 1915	—	—	VII.		JUN 1 1915 L	~	7-1-15
							Presbyt.

~1639~

Progress from .... (Date), ..., to .... (Date), ...

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

Remarks: ....

"Y & E" ~1640~

494

Read Instructions on this Application Blank carefully

BRIEF

Application of

.....

FOR THE ENROLLMENT OF

Elsie U. Jones

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

.....

Date of enrollment ..... 191....

Term of enrollment ..... (.....) 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 Elsie U. Jones (Name of child.), Female (Sex.), I, Sylvester Lay or Uncle (Parent, Guardian, or next of kin.) of Irving P. O., State of New York, do hereby voluntarily consent and agree to the enrollment in said school for a period of Three (Not less than three.) years, and alo obligates and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Tonawanda on June 18-1896 (Date.) that the father, William J. Jones (Name.) is (Is or was.) a 3/4 (Degree.) Indian of the Seneca Tribe located at Tonawanda Agency; that he left the tribe about ________ (Approximate date); that the mother, Cathrine Kennedy (Name.), was (Is or was.) a 3/4 (Degree.) Indian of the Seneca Tribe located at Cattaraugus 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~~ she has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
Public School No 13	Buffalo	1903	1913	Mothers Sickness	9th

This 7th day of October, 1914.

Two witnesses: Hattie Jackson.
[illegible] Lay.
Lida Shongo

Sylvester Lay an Uncle,
(Parent, guardian, or next of kin.)
P. O. Irving 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, Sylvester Lay, do hereby swear that the statements made in the above application are true.

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

Sworn to and subscribed before me this 12th day of Oct, 1914

Ida L. Brown, Notary Public

(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, P. D. Lake, a practicing physician of Gowanda, N.Y., do hereby certify that I have carefully examined Elsie A Jones, 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 16th day of Octob, 1914

P. D. Lake, M. D.
Agency Physician

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 ..... 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 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 ..... 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 ....., 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 foregoing 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 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.

CARLISLE INDIAN PRESS
CARLISLE PA

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No. 67.

DEPARTMENT OF PUBLIC INSTRUCTION

HENRY P. EMERSON, SUPERINTENDENT

GRAMMAR SCHOOL No. 13

M. A. Brennan, PRINCIPAL

BUFFALO, N. Y. Oct. 21, 1914

To Whom It May Concern:

Miss Elsie Jones, the young girl applying for entrance to the Indian School at Carlisle Pa., was a pupil in Public School No. 13 for several years. I was principal of the school during her entire attendance, and am pleased to say that I knew her to be a young girl of excellent reputation and good scholarships.

She was in our First Year High School class, but was obliged to withdraw on account of the illness of her mother. She had passed successfully all examinations given to her class up to the time of her withdrawal and left school with a clean record.

I predict that she will continue

to do well whatever she undertak
and will be a credit to herself
to her instructors.

Very respectfully
M. A. Brennan

4416

NAME Elsie M. Jones, Sex {~~Male~~ Female.

Tribe {Full ~~Half~~} Seneca State New York Nov 2, 1914

Age 18 years | Respiration 20 | Condition of, Eyes Normal

Height 5 ft. 3 ins. | Mensuration {Insp. 32 Exp. 29} | Ears "

Weight 113 1/2 lbs. | Throat "

Temperature 97.8 | Vaccination Positive | Cervical glands "

Pulse 108 | Vision | Skin O. K.

Inspection

Palpation Negative

Percussion "

Auscultation "

Heart

(Menstruation) Painful

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	Yes	Good		
Mother	No		Yes	?
Brothers	2	"		
Sisters	1	"		

Personal history Diphtheria, Measles, Mumps, Chicken Pox, Tonsilitis.

Present condition

Walter Rendtorff, 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.

6—1955

'Y AND E'' ROCH.

REPORT AFTER LEAVING CARLISLE

563757 3M-2-11

NAME AT CARLISLE Elsie M. Jones

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE