

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4416

NUMBER 3028	ENGLISH NAME Elsie U. Jones	AGENCY Cattaraugus	NATION Seneca
BAND	INDIAN NAME	HOME ADDRESS Uncle, Sylvester Lay, Living. N. Y.	
PARENTS LIVING OR DEAD	BLOOD 3/4	AGE 18	HEIGHT
FATHER	MOTHER	WEIGHT	FORCED INSP.
ARRIVED AT SCHOOL Nov. 2, 1914	FOR WHAT PERIOD Three years	DATE DISCHARGED July 2, 1915	CAUSE OF DISCHARGE termination of leave
TO COUNTRY 6-1-15	PATRONS NAME AND ADDRESS On leave.		FROM COUNTRY

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

494

Read Instructions on this Application Blank carefully

BRIEF

Application of

FOR THE ENROLLMENT OF

Elsie H. 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 Elaine U. Jones, Female, I, Sylvester Lay, Uncle (Name of child.) (Sex.) (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 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 Tonawanda on June 18-1896 (Date.) that the father, William G. Jones, is a 3/4 Indian of the Seneca (Name.) (Is or was.) (Degree.) Tribe located at Tonawanda Agency; that he left the tribe about (Approximate date.) that the mother, Catharine Kennedy, was a 3/4 Indian of the Seneca (Name.) (Is or was.) (Degree.) 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 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.
<u>Public School No 13</u>	<u>Buffalo</u>	<u>1903</u>	<u>1913</u>	<u>Mother's Sickness</u>	<u>9th</u>

This 7th day of October, 1914.

Two witnesses: Hattie Jackson

Sida Shongo

Sylvester Lay 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.

(Signature of applicant.)

(Parent, guardian, or next of kin.)

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

Sida 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. Lax, a practicing physician of Gowanda, N.Y., do hereby certify that I have carefully examined Elsie V Jones, a 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 October, 1914

P. D. Lax, 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 _____ statements therein are true; that I am acquainted with _____; that _____
(Name of Child.)
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____

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.)
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.

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.



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DEPARTMENT OF PUBLIC INSTRUCTION

HENRY P. EMERSON, SUPERINTENDENT

GRAMMAR SCHOOL NO. 13

M. A. Orenault, 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 scholarship.

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 undertakes
and will be a credit to herself
to her instructors.

Very respectfully,
M. A. Brennan

4416

NAME Elsie U. Jones Sex ~~Male~~ Female
 Tribe Seneca State New York Nov 2, 1914
 Age 18 years Respiration 20 Condition of Eyes Normal
 Height 5 ft. 3 ins. Mensuration { Insp. 32
 Weight 113 $\frac{1}{2}$ lbs. { Exp. 29
 Temperature 97.4 Vaccination Positive
 Pulse 108 Vision _____
 Inspection _____
 Palpation Negative
 Percussion _____

Auscultation _____
 Heart _____
 (Menstruation) Painful

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>yes</u>	<u>Good</u>		
Mother	<u>no</u>		<u>yes</u>	<u>?</u>
Brothers	<u>2</u>	<u>"</u>		
Sisters	<u>1</u>	<u>"</u>		

Personal history Diphtheria, measles, mumps, Chicken Pox,
Tonsillitis.

Present condition _____

Walter R. Rindstaff, M. D.

Age Sex { Male. } Tribe { Full } Residence
 { Female. } { 1/ }
 (On, 19....)

6—1955

