



Department of the Interior.

UNITED STATES INDIAN SERVICE.

INDIAN SCHOOL,

Carlisle, Pa.



*This girl died  
shortly after  
returning from  
Carlisle*

*Sarah Shaycaw*

*~~Pa.~~*

*Mont Pleasant Mich.  
Indian School*

**CARLISLE INDIAN INDUSTRIAL SCHOOL**  
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4443

NUMBER <b>2209</b>	ENGLISH NAME <i>Sarah Shaycaw</i>	AGENCY	NATION <i>(Chippewa), Mich.</i>				
BAND	INDIAN NAME	HOME ADDRESS <i>Eloja Shaycaw, Port, Mich.</i>					
PARENTS LIVING OR DEAD	BLOOD $\frac{3}{4}$	AGE 18	HEIGHT 5 4 4	WEIGHT 131	FORCED INSP. 35	FORCED EXPR. 32	SEX. F
FATHER: <i>Dead</i>	MOTHER: <i>Living</i>	ARRIVED AT SCHOOL <i>October 18, 1906</i>		FOR WHAT PERIOD <i>Five 1/2 years</i>	DATE DISCHARGED <i>Feb. 6-1908</i>	CAUSE OF DISCHARGE <i>Ill health Tuberculosis</i>	
TO COUNTRY <i>May 2 1907</i>	PATRONS NAME AND ADDRESS <i>Geo W Taft Kennett Square Pa</i>				FROM COUNTRY <i>6-20-07</i>		

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle, .....

Grade entered at Carlisle, ..... *4<sup>th</sup>* .....

Grade at date of Discharge, ..... *4<sup>th</sup>* .....

Trade or Industry, ..... *Sewing & laundry* .....

..... *Methodist* .....

2389



# APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child *Sarah Shycaw* Indian name is  
 Name of Father *David Shycaw*  
 Name of Mother *Eliza Shycaw* Tribe *Chippewa*  
 Reservation, Degree of Indian blood of child *3/4 Jordan*  
 Is either parent white, if so, which? *both Indians* Are either or both allotted?  
 On what reservation? Age of child *age 18* What reservation school attended? *not any* How long?  
 If ever enrolled in a non-reservation school, name of school *Mt Pleasant School*  
 When? *year of 1905* How long? *three years* If ever dismissed from a school, where? *Mt Pleasant*; when? *year of 1905* and for what reason? *the time was not*  
 (Signed.) *Sarah Shycaw*

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts.

## CONSENT BLANK

I, *Eliza Shycaw* parent, guardian or next of kin of the above-named child, *Sarah Shycaw*, do hereby consent to *Carlisle School* transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.  
 Dated at *Burt Michigan* on the *21<sup>st</sup>* day of *Sept*, 190*6*.  
 (Signed.) *Eliza Shycaw*  
 (Parent, Guardian or next of kin.)

## PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named *Sarah Shycaw* and have found *her* physically sound, and recommend the transfer so far as *her* health conditions are concerned. Dated at *Burt Mich* on the *25<sup>th</sup>* day of *Sept*, 190*6*.  
 (Signed.) *George W. Peart M.D.*

## AGENT'S OR SUPERINTENDENT'S INDORSEMENT

..... 190.....  
 The statements concerning the above-named ..... are believed by me to be correct, and I hereby recommend the transfer.  
 (Signed.) .....  
 U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian preferably full Indian. Special cases beyond the age limit can be given consideration.

Arrived Oct. 17<sup>th</sup>

Card made Nov-2-06  
S.M