

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

4787

NUMBER 5345	ENGLISH NAME Henry Clifford	AGENCY Pine Ridge	NATION Sioux
BAND	INDIAN NAME	HOME ADDRESS Mother - Mrs. Hattie Clifford, Leone, S. D.	
PARENTS LIVING OR DEAD 2	BLOOD 1/2	AGE 16	HEIGHT
FATHER	MOTHER	WEIGHT	FORCED INSP.
ARRIVED AT SCHOOL Nov. 2, 1914	FOR WHAT PERIOD Three years	DATE DISCHARGED June 12, 1917	CAUSE OF DISCHARGE Time out
TO COUNTRY	PATRONS NAME AND ADDRESS		FROM COUNTRY
5-31-16	Irving Everett, Trenton, R. 2, N. J.		9-1-16

GRAW-WALKER, MUSKOGEE, MICHIGAN 43445

Months in school before Carlisle. 45

Grade entered at Carlisle.

Grade at date of Discharge,

Trade or Industry,

Church. Catholic

20 mi. to school

487

5-192a

BRIEF.

APPLICATION OF

Hattie Clifford

FOR THE ENROLLMENT OF

Henry Clifford

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Pine Ridge, S.D.

Date of enrollment, October, 1914., 191

Term of enrollment, three (3) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

Voluntary

Position,

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at _____

Carlisle, Pa.

of Henry Clifford _____; Male _____; age 16 _____; date of birth Feb. 3, 1898. _____;

(Name of child.)

(Sex.)

Sioux

(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>John Clifford</u>	<u>living</u>	<u>Sioux</u>	<u>Oglala</u>	<u>1/2</u>
NAME OF MOTHER.				
<u>Hattie Clifford</u>	<u>living</u>	<u>Sioux</u>	<u>Oglala</u>	<u>1/2</u>

I, Hattie Clifford _____, do hereby voluntarily consent and agree to his _____ enrollment in said school for a period of three _____ years, and also obligate myself to abide by all the rules and regulations for Indian schools.
(Not less than 3.)

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Holy Rosary Mission</u>	<u>1906</u>	<u>1911</u>		<u>3</u>
2. <u>Rapid City Bdg</u>	<u>1911</u>	<u>1914</u>		<u>4A</u>
3.				
4.				

(Parent, guardian, or next of kin.)

P. O. address: Scenic, S.D.

Two witnesses:

Hattie Clifford

6-870

Porcupine, S. D.Porcupine, S. D.

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 28 day of Oct, 1914

Richard J. Cross, M.D.
Physician at Five Red Agency.

CERTIFICATE OF AGENT OR BONDED 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 _____ (Parent, guardian, or next of kin.) was voluntary.

(Here state whether the child lives within reach of a public school, whether the State laws permit it to enroll therein, and if it lives near the public school why it can not attend such school.)

I recommend the transfer of the said child.

This _____ day of _____, 191

John A. Newman
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful examination of the physical condition of _____ (As soon after arrival as possible.) _____, 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.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the reservation school records. The reservation superintendent should send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

PHYSICIAN CERTIFICATE

I hereby certify that I have examined the applicant and find him/her to be a person of good character and sound mind and body, and that he/she is qualified to receive instruction in the English language and the history and civics of the United States.

CERTIFICATE OF AGENT OR RANGER SUPERINTENDENT

I hereby certify that the statements made in the foregoing application and certificate are true and correct to the best of my knowledge and belief, and that the applicant is a person of good character and sound mind and body, and that he/she is qualified to receive instruction in the English language and the history and civics of the United States.

The enrollment of Indian pupils in nonreservation schools is governed by the "Rules for the Indian Service, 1913," sections 12, 13, 14, 15, 18, 19, 36, 112, 113, 114, 117, 118, 124 (b).

The Rules should be consulted before filling out the application blanks.

CERTIFICATE OF SCHOOL PHYSICIAN

I hereby certify that the applicant is a person of good character and sound mind and body, and that he/she is qualified to receive instruction in the English language and the history and civics of the United States.

SPECIAL NOTE

This form is to be filled out by the physician or school physician who has examined the applicant. It is to be filled out in duplicate, one copy to be retained by the physician and the other copy to be forwarded to the nearest Indian agent or ranger superintendent. The applicant must be a person of good character and sound mind and body, and must be qualified to receive instruction in the English language and the history and civics of the United States.

REPORT OF Henry Clifford pupil of Carlisle Indian
 School, who went 5-31-11 (Date) to live with Henry Everett (Patron)
 of Trenton (Post Office), Trenton (County),
N.J. (State), Trenton Railroad Station

Conduct Good
 Health Good
 Ability Fair
 Cleanliness Good
 Economy Fair
 Situation of Room Second floor farm home
 Condition of Room Very good
 Condition of Clothing Very good
 Wages \$18 per month
 Are careful accounts kept by patron? yes
 Are careful accounts kept by pupil? yes
 Number of days at school Summer Outing
 Distance to school " "
 Grade or quality of school " "
 Name and address of teacher " "
 Qualifications of teacher " "
 In what grade was pupil at Carlisle? " "
 In what grade is pupil at present? " "
 Attends what church and Sunday school? Methodist
 Distance to church 1/2 miles
 Is there a Catholic church in locality? no

Who compose patron's family? Man wife and two children
 What other help is employed? One regular man
 Locality of home Near Windsor N.J.
 Home life and environments Good
 Trade at school None
 Nature of work Farming
 Pupil's age 18 Experience Good

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

A series of horizontal dotted lines for writing.

4787

CARLISLE INDIAN SCHOOL

No. 5345-	NAME. <i>Clifford Henry</i>	AGE. <i>16</i>	TRIBE. <i>Sioux</i>	DEGREE OF INDIAN BLOOD. <i>1/2</i>	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY. <i>Pine Ridge</i>
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DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS.		
		On entering here.	At date of this report.		(Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)		
<i>11-2-14</i>							
	<i>45</i>	<i>6</i>	<i>-</i>	<i>20</i>	To COUNTRY	FROM COUNTRY	DATE DISCHARGED
<i>Sept. 1915</i>	<i>-</i>	<i>-</i>	<i>✓</i>		<i>MAY 31 1916</i>	<i>SEP 1 1916</i>	
<i>" 1916</i>			<i>✓</i>				<i>JUN 1 2 1917</i>
							<i>Calk</i>

Progress from _____, to _____,
 (Date) (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: _____

OUTING RECORD - CARLISE INDUSTRIAL SCHOOL

487

Name of Student *Henry Clifford*

Home Address *Mrs. Clifford, scenic, S.D.* Tribe *Sionx*

Age at Entrance *16* Date of Entrance *11-2-14*

Shop JAN. FEB. M.R. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. TOTAL OR AVERAGE

Patron *Irving H. Everett* Locality

Days in School

Address *Junction, N.J. R#2* R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing *9-31-16* Date Returned *9-1-16* Wages

Earnings

7 9 9
7 7 9
9 9 7
17 18 18

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.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE			
Patron		Locality	Days in School																
Address		R. R. Station	Conduct																
Recommended by		Grade in School	Ability																
Grade of Home		Church	Health																
Date of Outing	Date Returned	Wages	Earnings																

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

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Date of report April 26, 1915

Name of child Henry Clifford Age 17 Grade 5 B

Home post office Seneca South Dakota

Tribe Sioux Degree of Indian blood 1/2 degree

How many acres of land do you own Quarter of an acre Location S.D., Pine Ridge

What is the annual income from your land I dont know

Do you have any other income I dont know How much

Is your father living yes

Father's name John Clifford

Home post office Seneca S. D.

Tribe Sioux Degree of Indian blood 1/2

Is he a citizen I dont know

How much land does he own he own land Allotment No

What is its estimated value

What is the annual income from his land

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 yes sir

Mother's name Mattie Clifford

Home post office Seneca S. D.

Tribe Sioux Degree of Indian blood 1/2

Is she a citizen I dont know

How much land does your mother own Quarter of an acre Allotment No

What is its estimated value About \$3000

What is the annual income from her land *I dont no*
Does she have any other income *yes no*
If so, how much
Does your mother pay taxes on her land or on personal property *no*
With whom do you make your home *Father*
How many rooms in the house *3*
How many live in the house *4*
How far is your home from nearest public school *20 miles*
Why do you not attend that school *I just like to go off school*
I dont want to go to a school by my home
How many teachers employed there *I dont no*
How many grades maintained *little school*
How many months of school each year *I dont no*
Did you ever attend a public school *no*
If so, how long Where
How many brothers of school age have you *none*
How many sisters of school age have you *Two*
Are they in school *yes*
Where *Rapid City S D Dakota*

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.

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June 7, 1917.

Mr. John Clifford
Scenic, S. D.

Dear friend:-

Your son Henry has completed his term of enrolment and will be entitled to go home at government expense. I have arranged to send him to you Tuesday June 12th if you can arrange to meet him at Scenic, South Dakota about the 15th of June.

Very truly yours

Superintendent.

NRD

4787

Scenic

So Dak

Oct 22, 1917

My friend

I received your letter that you wrote August 18 you ask me if I was going to sign for another term. But I think I am going to stay home for one year. I got some cattle coming and I am going to take care of them so if I get them cattle I will have some one to take care of them for me. I might come next year. I am only 19 year old. I will be 20 Feb. 3.

I send my best regards to you

Very truly yours

Henry C Clifford

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CERTIFICATE OF PROMOTION

May 24, 1917, 191

This certifies that Henry Clifford (Name of student.) has made the following record in Carlisle Indian School (Name of school.)

Table with 3 columns: SUBJECTS—ACADEMIC AND VOCATIONAL, GRADE, and RATING. Rows include English (V, 79), General Exercises (79), Arithmetic (61), Geography (82), Physiology and Hygiene (76), Writing (79), and Drawing (78).

Effort Department

Table with 3 columns: DETAILS SERVED, LENGTH OF TIME IN EACH, and RATING. Row includes Garden (85).

and is not eligible to pursue work in the Sixth grade, academic; and grade or year vocational.

Superintendent.

Principal.