CARLISLE INDIAN INDUSTRIAL SCHOOL DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT mohauk HOWANDORETSHEW-Mrs. Emily Garrow Bero,
St. Regis n. y.

IGE HEIGHT WEIGHT FORCED INSP. FORCED EXPR. SEX. 20 7et. 28, 1916 Three years 1, 19, Months in school before Carlisle, Typo. Grade outs od at Carlisle. Frade at date of Discharge, frade or Industry. Exercipal 1/4 mi. to peublic school

172

## Read Instructions on this Application Blank carefully

| BRIEF                                   |          |  |  |  |  |  |  |
|-----------------------------------------|----------|--|--|--|--|--|--|
|                                         |          |  |  |  |  |  |  |
| Application of                          |          |  |  |  |  |  |  |
| Emily Gorrow Bere                       |          |  |  |  |  |  |  |
| Emily Gorrow Bere FOR THE ENROLLMENT OF |          |  |  |  |  |  |  |
| William Gorrow                          |          |  |  |  |  |  |  |
| IN THE INDIAN SCHOOL AT                 |          |  |  |  |  |  |  |
| Carlisle, Pennsylvania                  |          |  |  |  |  |  |  |
| ROST-OFFICE ADDRESS OF APPLICANT:       |          |  |  |  |  |  |  |
| 34 Regio Falls. n.                      | y,       |  |  |  |  |  |  |
| D. 1. C. 11. 1                          | 191      |  |  |  |  |  |  |
| Date of enrollment                      | 171      |  |  |  |  |  |  |
| 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                                                                                                                                            | e, education, and maintenance in                   |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|--|--|--|
| the United States Indian School at Carlisle, Pa                                                                                                                                                            | , of                                               |  |  |  |  |  |
|                                                                                                                                                                                                            | ly Gorrow Bero (Parent, Guardian, or next of kin.) |  |  |  |  |  |
|                                                                                                                                                                                                            | , do hereby voluntarily consent                    |  |  |  |  |  |
| and agree to his enrollment in said school for a period of (Not less that                                                                                                                                  | years, and alo obligates                           |  |  |  |  |  |
| and bind myself to abide by all the rules and regulations for Indian s                                                                                                                                     | 1 ON 1                                             |  |  |  |  |  |
| I further say that the said child was born at Hogansh                                                                                                                                                      | ing on 16 - fan 1,96                               |  |  |  |  |  |
|                                                                                                                                                                                                            | Indian of the St Regio                             |  |  |  |  |  |
| Tribe located at Hogansku Agency; that he left the tribe                                                                                                                                                   | cout died 3rd oct: 1903;                           |  |  |  |  |  |
| that the mother, Emily Gorrow Bero, (Is or was.) a (Degree                                                                                                                                                 | Indian of the White                                |  |  |  |  |  |
| Tribe located at Agency, and left the tribe about                                                                                                                                                          | out ; 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 SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.                                                                                                |                                                    |  |  |  |  |  |
| Public St Regio Falls Sep:                                                                                                                                                                                 | 90) gent 1913 1sterhigh                            |  |  |  |  |  |
| 7.8.                                                                                                                                                                                                       | death of                                           |  |  |  |  |  |
|                                                                                                                                                                                                            | mother,                                            |  |  |  |  |  |
| This 2 ad day of February, 1916                                                                                                                                                                            | needed his                                         |  |  |  |  |  |
| Two witnesses:                                                                                                                                                                                             |                                                    |  |  |  |  |  |
| Loslie W. Launders. Emil                                                                                                                                                                                   | ly Borrow Bero.                                    |  |  |  |  |  |
| (Parent, guardian, or next of kin.)  Charlest Post Region Falls n. 4-                                                                                                                                      |                                                    |  |  |  |  |  |
| (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.) |                                                    |  |  |  |  |  |
|                                                                                                                                                                                                            |                                                    |  |  |  |  |  |
| I, Emily Gorrow Bero, do hereby swear that the statements made in the                                                                                                                                      |                                                    |  |  |  |  |  |
| above application are true.                                                                                                                                                                                |                                                    |  |  |  |  |  |
| a · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                    |                                                    |  |  |  |  |  |
| Sworn to and subscribed before me this Lagrange of Lernary, 1916                                                                                                                                           |                                                    |  |  |  |  |  |
| Sworn to and subscribed before me this day of love of 1916                                                                                                                                                 |                                                    |  |  |  |  |  |
| (NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is                                                             |                                                    |  |  |  |  |  |
| (Note.—This application and affidavit must be executed before some officer authorized to administ living; if the parents are dead, by the guardian or next of kin.)                                        | as 11 while                                        |  |  |  |  |  |

## 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 William go     | crow      |
|----------------------------------------|-----------|
| has attended the St. Regis talls High  | School at |
| St. Regie Falle. New York, from Selft. | 1904      |
| to Oct. 1913.                          |           |
| St. Regio Falls N. Y.                  |           |
| Tel, 2, 1916.                          |           |
|                                        | . 100     |

| Certificate of Physician.                                                                             |
|-------------------------------------------------------------------------------------------------------|
| Marchun, a practicing physician of SV/Eg tells                                                        |
| , do hereby certify that I have carefully examined William Horrow                                     |
| the child named in this application, and find that his 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 Inday of July 1916                                                             |
| This my day of 1916                                                                                   |
|                                                                                                       |
| Vouchers of Disinterested Persons.                                                                    |
| Voucher No. 1.                                                                                        |
| Leslie Whankellers a fary yell of (Business, calling, or profession.)                                 |
| Kegistalls, M. J., do hereby certify that I am personally acquainted with                             |
| who makes the foregoing application; that I believe her state-                                        |
| ment therein are true; that I am acquainted with William Garrow; that                                 |
| he is known and recognized in the community in which he lives as an Indian; and that in my opinion    |
| be an not receive proper and adequate schooling at home for the reason that he has no                 |
| property of his own and his Mather Emilygor-                                                          |
| rand bego him at school inicially to board clothe                                                     |
| This I bay of Ebruary, 1916                                                                           |
| Leslie W. Saunders                                                                                    |
| Voucher No. 2.                                                                                        |
|                                                                                                       |
| I, fund La Faint, a Town Class of Warry of (Business, calling, or profession.)                        |
| Landline to May, do hereby certify that I am personally acquainted with                               |
| who makes the foregoing application; that I believe her state-                                        |
| ments therein are true; that I am acquainted with Mulham Space; that                                  |
| 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 him Mathin                |
| is not turaneally able to Kup him                                                                     |
| en Schraf                                                                                             |
| This Z day of Xel , 1916                                                                              |
| Jury & glows                                                                                          |

Certificate of School Physician.

| I hereby certify that on M. Allardner                                                      | , I made a careful examination |
|--------------------------------------------------------------------------------------------|--------------------------------|
| (As soon after arrival as possible.)                                                       |                                |
| of the physical condition of Milliam Horrow going application, and found him to be in a go | 1                              |
| going application, and found to be me a go                                                 | of Jugueras                    |
| condition                                                                                  |                                |
| I therefore recommend that the said child be enrolled.  This Judday of Judo 1916           | ed in this school.             |
|                                                                                            | 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.



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.

|                                      | 180                           | 1       | CA    | ARLISL  | EIND                                                                                                       | IAN S   | CHOOL | -                       |                                                                             |          | 1 k             |  |  |
|--------------------------------------|-------------------------------|---------|-------|---------|------------------------------------------------------------------------------------------------------------|---------|-------|-------------------------|-----------------------------------------------------------------------------|----------|-----------------|--|--|
| Jorrow William                       |                               |         |       | AGE. 20 | molawk                                                                                                     |         |       | DEGREE OF INDIAN BLOOD. | NAME OF AGENCY AND RESERVATION, IF ENVOLLED; IF NOT, POST OFFICE OF FAMILY. |          |                 |  |  |
| DATE ENTERED. 2-28-16                | Months IN WHAT GRADE OR ROOM. |         |       |         | REMARKS.  (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.) |         |       |                         |                                                                             |          |                 |  |  |
|                                      | gur.                          | _       | _     | 1/4     |                                                                                                            | To Coun | TRY   | FRO                     | M COUNTRY                                                                   | DATE DIS | DATE DISCHARGED |  |  |
| Sept. 1916                           | 947.                          | _       | X     |         | APR                                                                                                        | - 6     | 1917  | 0                       |                                                                             | MAY - 1  | 19172           |  |  |
|                                      |                               | -       |       |         |                                                                                                            |         |       |                         |                                                                             | Exiac    | chol            |  |  |
| Progre                               | ss from                       |         | (Date | <br>e)  | , -                                                                                                        |         |       | to                      | (1                                                                          | Date)    | ,               |  |  |
| FIRST YEAR                           | IN THIS                       | SCHOOL  | SE    | PT.     | ост.                                                                                                       | NOV.    | DEC   | . JAI                   |                                                                             |          | APR.            |  |  |
| Class or grade                       |                               | anding? | ×     |         |                                                                                                            |         |       |                         |                                                                             |          |                 |  |  |
| Industrial                           | St                            | anding? |       |         |                                                                                                            |         |       |                         |                                                                             |          |                 |  |  |
| Musical: Band<br>Vocal<br>Orchestra. | st                            | anding? |       |         |                                                                                                            |         |       |                         |                                                                             |          |                 |  |  |
| Deportment                           | st                            | anding3 |       |         |                                                                                                            |         |       |                         |                                                                             |          |                 |  |  |
| Physical condi                       | tion                          |         |       |         |                                                                                                            |         |       |                         |                                                                             | -        |                 |  |  |
| Remarks:                             |                               |         | -     |         | -(                                                                                                         | )       |       |                         |                                                                             |          |                 |  |  |