TRIAL SCHOOL DESCRIPTIVE AND HISTORICAL CORD OF STUDENT NUMBER flow Skewandore Inerder Qis. Oneider 4844 HOME ADDRESS BAND INDIAN NAME Jepper Okenandre Der De Geret Dis. BLOOD WEIGHT FORCED INSP. FORCED EXPR. PARENTS LIVING OR DEAD 33 314 14 m 114 28 MOTHER, DATE DISCHARGED ED AT SCHOOL FOR WHAT PERIOD CAUSE OF DISCHARGE Fine year June 12, 1917 Time out Que. 23, 12 TO COUNTRY ATRONS NAME AND ADDRES FROM COUNTRY Lew Hope urk en 1 Samuel Hitbs, R.T.D., Langhorn, Pa. S. M. Clansters, Robbinsville, F. Henry McEwen, Baugov, R.T.D., Pa. THE SHAW-WALNER CO. MUSKFOON 121071 Grade entered at Carlisle, Grade at date of Discharge,..... Trade or Industry, hurch. Epwerpal miles to pervol

160

5-192 a

APPLICATION OF

Zippa Skenandore

FOR THE ENROLLMENT OF

Hilton Skenandore

IN THE INDIAN SCHOOL AT

Carlisle, Pa

NAME OF AGENCY FROM WHICH PUPIL CAME:

NAME OF COLLECTING AGENT:

Position,

6-870

5-192 a

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.

; _____; date of birth 6/21, 1898; of Hilton Skenandore (Name of child.)

One ida, Wis. NAME OF FATHER. LIVING OR DEAD. DEGREE OF INDIAN BLOOD. TRIBE. BAND. (Both Indian and English.) Thomas A.Skenandore 3/4 T Oneida NAME OF MOTHER. 3/4 -Zippa Skenandore L

(Parent, guardian, or next of kin.) I. Zippa Skenandore his five enrollment in said school for a period of ____ years, and also obligate myself to abide by (Not less than 3.) all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

| NAME OF SCHOOL. | DATE OF ENROLLMENT. | DATE OF DISCHARGE. | CAUSE. | GRADE. | | |
|-----------------|------------------------|-----------------------|----------|--------|--|--|
| Lac du Flambeau | 1905 | 1908 | | | | |
| 2. Tomah, Wis | 1908 | 1911 | Exp time | | | |
| Public Day | 1911 | 1912 | | 3rd | | |
| 4. | | | | | | |

Silpa Sheria (Parent, guardian, or next of kin.)

P. O. address: West pe Pere, #2

Two witnesses:

6-870

Wisconsin.

GOVERNMENT PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find 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 _____ day of _____ 191

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

Physician at

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 Guppa Delmandon (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them):

This 21 day of lef-, 191 2 H. Harl. Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

| I hereby certify that on | I made a careful exami- |
|---|----------------------------------|
| (As soon after arrival as possible.) nation 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 sc | hool. |
| This, 191 | |
| | Nonreservation 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 shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent will then 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. 6-870

INDORSEMENTS.

The laws relating to the transfer of Indian children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats., p. 348.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

The rules provide that-

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.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

6-870

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| 160 |
| REPORT OF Hilton Skenendor pupil of Carlisle Indian |
| School, who went 4/9//3 to live with W. W. /furley |
| 5 |
| of hew Hope, Butps, (County) |
| Cerna, Lambertville, M.J. Railroad Station |
| Conduct good |
| Health good |
| Ability 7 air |
| Cleanliness good |
| Economy yord |
| Situation of Room Centre of house |
| Condition of Room Jood |
| Condition of Clothing Good |
| Wages 415- |
| Are careful accounts kept by patron? Us |
| Are careful accounts kept by pupil? |
| Number of days at school attended carlish |
| Distance to school |
| Grade or quality of school |
| Name and address of teacher |
| Qualifications of teacher |
| In what grade was pupil at Carlisle? 4th |
| In what grade is pupil at present? |
| Attends what church and Sunday school? Efeis |
| Distance to church |
| Is there a Catholic church in locality? Ups |
| |
| Who compose patron's family? man and winfe |
| What other help is employed? Finding Con |
| Locality of home Local |
| Home life and environments Ex cellent |
| Trade at school. Carpenter |
| Nature of work Zaming |
| Pupil's age 16 4 Experience 2 9. |
| |

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

_____ _____ _____ _____

| 1 | +81 | 1 | CA | RLIS | LEI | NDIAN S | сноо | L | | * | 1.3 | | | |
|---|--------|---------|--------|--|---------------|---------------|------------------------|-------------------------------|-------------------------|------------|----------|--|--|--|
| No. 4844 NAME. | | | AGE. | TRIBE. | | | DEGREE OF INDIAN | VATION, IF H | ENCY AND RESER- | | | | | |
| Hilton Skenandore | | | | 14 | 0 | neido | | BLOOD. POST OFFICE OF FAMILY. | | | | | | |
| DATE ENTERED. DATE ENTERED. Date 23, 912 Months in School before enroll- ment here. N WHAT GRADE OR ROOM. At date of this report. | | | | Distan to near public schoo from pupil' home | est c l | (Tempo s | n sick leave | ·, | | | | | | |
| | 36 | | | Tm | | To Coun | TRY | FROM | COUNTRY | DATE DIS | SCHARGE. | | | |
| Sep. 1913 | | | No.4. | | | · · · · · · · | | | 18-15 | | | | | |
| u (14 | | | 4-2 | | | 4-8 | -14 | 5- | 28-14 | | | | | |
| 11 15 11 16 | 1 1 | 1 1 | III V | | - KA | AY 28 | 1915 | SEB | 2 <u>1915</u> 1 1916 | | | | | |
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| Progress | from | | | | | | | 0 | | | | | | |
| Progress | nom. | | (Date) | | ·, | | , · | 0 | (Date) | | | | | |
| FIRST YEAR IN | THIS S | CHOOL | SEP | г. (| ост. | NOV. | DEC. | JAN. | FEB. | MAR. | APR. | | | |
| lass or grade | | | | | | | | | | | | | | |
| Academic | sta | nding* | | | | | | | | | | | | |
| ndustrial | stat | nding*_ | | | | | | | ., | | | | | |
| Iusical: Band | star | nding*. | _ | | | | | | | | | | | |
| Vocal | stai | nding | | | | | | | | | | | | |
| Orchestra | star | nding*. | | | | | | | | | | | | |
| Deportment | star | nding* | | | | | | _ | | | | | | |
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| hysical conditi | on | · | | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | |
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760

Sept. 22nd, 1915.

Mrs. Zippa Skenandore,

R. F. D. 2. West De Pere, Wis. Dear Madam:

I must report to you that your son Hilton has suffered an injury and that he is now under the care of our Physician in the School Hospital. I submit below for your further information a copy of the statement that was issued this morning by the Physician:

> "Hilton Skenandore sustained a comminuted fracture of the tibia while playing football. The limb is set and the patient resting comfortably."

> > Very respectfully.

Superincendent.

HEM.

(Copy to Supt. Hart.)

Oct. 12th, 1915.

Mrs. Zippa Skenandore,

West De Pere, Wisconsin.

My dear Madam;

Our School Physician reported today that your son Hilton is now sitting up and that everything is satisfactory in his condition.

Referring to your letter of recent date, you are advised that Hilton should be ready to resume his work and studies within a very few weeks and that there is no necessity at all for his return home on account of the fracture he suffered.

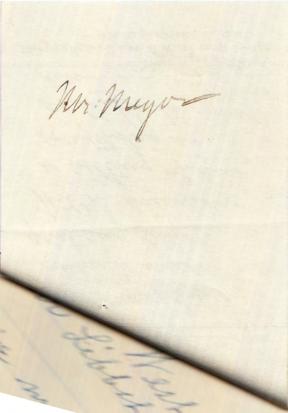
Hoping that a complete recovery can be reported soon, I am,

Very respectfully,

Acting Superintendent.

HKM.

JOL Date Ost 12th R m. Meyer; Lillian Burnhardt is ready to gratany time. Wilton shunders is sitting up and counthing is satisfactory with him - on Kudenti This prescription is not to be refilled except by order from the physician.



te Libber Lupt, and Sure to, The mere very darry to hear of Hillon's ill luck but we believe he is all right as long as the has a good care both Physian and the more We Know Miss Carnelius well and is a good mirke we thought as he cannot be moved about right away that he better start there or mile Phytacian thinks he could he able to come home so you like us know what you think off

We kindly thank you for his soon repart this is all. Jam Perpertfully Josers Mrs Gippa Prenandore

Oct. 22nd, 1915.

Mrs. Zippa Skenandore,

West De Pere, Wisconsin. My dear Madam:

I thank you for your favor of the 19th instant, assuring me that you have no desire to take your son Hilton out of school since he is recovering so rapidly from the injury he suffered some time ago. In a very few weeks he should be able to resume his studies and his usual duties.

In regard to arranging so that your daughter Elizabeth can be given music lessons, this is to state that at this time all available periods are taken. However, our Music Teacher has been seen at this office relative to your request and assurance has been given that a place will be given your daughter just as soon as a period becomes available. In the meanwhile it will be best for you to place on deposit here a sufficient amount which can be drawn on to pay for the lessons at the rate of 25 cents each, which is the charge that is now being made for music lessons. An amount of five dollars should be sufficient -2- Mrs. Zippa Skenandore, West De Pere, Wis.

to start the work and at a later date if an additional amount is required you will be notified.

Very truly yours,

HKM.

Acting Superintendent.

West, De Pere, Wis. Oct. 19, 1915. Mr O.S. Lipps. Dear sur. rereived your good report I am glad to hear of my. son Hilton is rapidly recon ering It will be fush as well to finish his lerm for as I thought first if he could not get well right away then it would be well for him to come home but as he is now getting an fine would prefer he'd stay there now. Now in regard his wister Elizabeth Shenandore newly went there

h wisher is to take he given now I chaught I would speake of this She may heritates to ask herself I hope you will give her chance to this. Very Respectfully Mrs Gippa Skinandor

Name of Student Helton Ekenandore Home Address 3. Skenandore M. Tribe Age at Entrance 14 Date of Entrance 14 Entrance 16-23-12 JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. 7 8 9 10 11 12 1 2 3 4 5 6 Shop Locality M. M. Hurley, Address New Bope, R. Days in School R. R. Station G Conduct Grade in B School Ability Grade of Home Church Health Date of 4-9-13 Date Returned 9-17-13 Wages Earnings 8.40 Samuel Hibbs 494 Langhorne Pa. P7d 999 y eg by 4-8-14 8-28-14 11.25 15.00 16.00 S.W. Ohnstead 44 Gobbinsville. n.g. hy " e 11 5-88-15- 6-1-15-16.00 15-7 8 9 10 4 5 6 11 12 Henn Mc Even Banfor. Pa. P7D 4 4 eg eg ly y y 2 l l y y en en 19 6-17-16 9-1-16 8. 20. 20 18 18 ESTER, N. Y. 441037 3M. 4.00

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

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| Name of Student | | | | Home Address | | | | | | | | | т | ribe | | | |
|-------------------------------|------------------|--------|--------------------|-------------------|---|------|------|------|-----|------|------|------|-------|------|------|--------|---------------------|
| Age at Entrance | e Date of Shop | | | | | FEB. | MAR. | APR. | MAY | JUNE | JULY | AUG. | SEPT. | | 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 | 1 | Health | | | | | | | - | | | | | | |
| Date of Outing | Date Returned | Wag | es | Earnings | | | | | | | | | | | | | |
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| YAWMAN & ERBE MFG. CO., ROCHE | 8TER, N. Y. | | | | | | | , | | | | | | | | 441027 | 3M. 4.00 |

April 27, 1917.

Mrs. Zippa M. Skenandore West DePore, Wisconsin. Dear Madam:-

I have your letter saying that you would like to have your son Hilton, return to you now as his father is unable, on account of sidmess, to do the farm work, and you want him to do this work. Because our transportation fund is about exhausted, I will not be able to send any of the pupils home until sometime after the first of July. Hilton's time is up and would be entitled to government transportation otherwise.

I am sorry that I am not able to comply with your wish to have Hilton go home at this time.

Very truly yours

Superintendent.

NRD

West De Vire Mas, n ge Francis . Supt. Dear sir, In regard our son Willion Renau dore, He are sorry we chould call him home soon, as it is neversary we should do 20, his father will not be able to do his farm work this spring, as it is al hand, Lather has to go to Sanatarium to get heated for himar or cancer is Seared to be that takes some times to get cured so we think it best for Hillon to come home and as it is his fine years in

school expires and chain yan bay his may back home to kindly let me know how soon would you send him we would like & have him come as mee il possible Yours Respectfully Mrs Zilepa M Skinandy

5-259

CERTIFICATE OF PROMOTION

| U.811 CERT | IFICATE OF PROMOT | ION | |
|---|---------------------------------------|------------------------------|----------------------|
| 7 ~,) | | May 24, 1 | .917 , 191 |
| This certifies that Hilto | on Skenandor | | |
| | | of student.) Indian Schoo | 1 ** |
| has made the following record in | | (Name of school.) | |
| SUBJECTS-ACADEMIC AND VOCATIONAL. | | GRADE. | RATING. |
| English | | V | 76 |
| General Exercises | | | 81 |
| Arithmetic | | | 88 |
| Geography | | | 81 |
| Physiology and Hygiene | | | 82 |
| Writing | | | 77 |
| Drawing | | | 76 |
| | | | |
| | | | |
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| | | | |
| Effort Deportment | · · · · · · · · · · · · · · · · · · · | | |
| DETAILS SERVED. | LENGTH OF TIM | HE IN EACH. | RATING. |
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| and is XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | e or year vocations | | grade, academic; and |
| | | | |
| e4559 Su | uperintendent. | | Principal. |

760

June 7, 1917.

Mr. Thomas A. Skenandore West Depere, Wisconsin. RFD#2

Dear Sir:-

Your son Hilton has completed his term of chrolment here and is entitled to go home at government expense. I have arranged for him to leave Carlisle Tuesday June 12th and you can meet him at West Depere the following day about three c'clock.

Very truly yours

Superintendent.

NRD