

CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

5090

NUMBER 5456	ENGLISH NAME John Leroy	AGENCY Stockbridge	NATION				
HAND	INDIAN NAME	HOME ADDRESS Nessitt, Wis.					
PARENTS LIVING OR DEAD	BLOOD 3/4	AGE 18	HEIGHT 5-10	WEIGHT 172	FORCED INSP. 37	FORCED EXPR. 33	SEX. M
FATHER I	MOTHER D	ARRIVED AT SCHOOL Oct. 15, 1915		FOR WHAT PERIOD Three years		DATE DISCHARGED CAUSE OF DISCHARGE	

TO COUNTRY	PATRONS NAME AND ADDRESS	FROM COUNTRY
May 31, 1917	On leave Rtd.	6-2-17
6-24-17	C. S. Sinspacher, Dalton, Pa.	9-6-17
5-13-18	On leave	

SHAW-WALKER, MUSKEGON, MICHIGAN. 43445

Months in school before Carlisle, 7.2

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Catholic

3 mi. to public school

343

5-192a

BRIEF.

APPLICATION OF

FOR THE ENROLLMENT OF

John Leroy

IN THE INDIAN SCHOOL AT

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 191

Term of enrollment, _____ (_____) years.

NAME OF PERSON ARRANGING FOR THE TRANSFER:

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 Penn.

of John Y. Leroy ; male ; age 18. ; date of birth March 14 - 1897 ;
(Name of child.) (Sex.)
Stockbridge
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Frank Leroy</u>	<u>Living</u>	<u>half Indian</u>		<u>1/2</u>
NAME OF MOTHER.				
<u>Dusane Leroy</u>	<u>-do-</u>	<u>Stockbridge</u>		<u>1/2</u>

I, J. Y. Leroy , do hereby voluntarily consent and agree to my
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of 3 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.
1.	<u>Tomah</u>	<u>1911</u>	<u>June 1915</u>	<u>finished term</u>	<u>7th</u>
2.	<u>Wittenberg</u>	<u>1910</u>	<u>1909</u>	<u>transfer</u>	
3.					
4.					

J. Y. Leroy
(Parent, guardian, or next of kin.)
 P. O. address: _____

Two witnesses: _____

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 29 day of Sept, 1915

W. F. Pagan
Physician at Indonine Indian 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 J. J. Lewis was voluntary.
(Parent, guardian, or next of kin)

(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.)

No public school facilities within
reach of distance

I recommend the transfer of the said child.

This 29 day of Sept, 1915

A. J. Johnson
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found _____ to be _____
(As soon after arrival as possible.)

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 1915

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'S CERTIFICATE

I hereby certify that I have examined the above-named child in person and find that he is a normal child of his age and that he is not afflicted with any disease which would be a handicap to the health of other pupils.

CERTIFICATE OF AGENT ON BODED SUPPLEMENT

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

SPECIAL NOTE

NAME John Leroy Sex { Male.
Female.

Tribes { Full } Stockbridge State Wis Sept 29-, 1915

Age 18 years Respiration 18 Condition of, Eyes Evidence of past trachoma infection

Height 5 ft. 10 ins. Ears Normal

Weight 172 lbs. Mensuration { Insp. 37
Exp. 33 Throat Normal

Temperature 98.4 Vaccination In 1915 Cervical glands Normal

Pulse 80 Vision Defective in left eye Skin Normal

Inspection cheil broad + full

Palpation negative

Percussion negative

Auscultation negative

Heart Normal (some hypertrophy) due to athletics

(Menstruation) _____

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	67	Poor - old age		
Mother	51	Good		
Brothers	36	Good	9	Pneumonia
	28	Good		
	20	Good		
Sisters	32	Good	8	Pneumonia
	16	Poor - Tubercular glands in neck		
	14	Good		

Personal history Pneumonia when 4 years of age
Rheumatism at 10 years

Present condition good

W. F. Ragau, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.
Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.
The reverse side is intended as a card-index case-record for use by all Service physicians.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SCHOOL
CARLISLE, PA.

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Confirmation of Telegram

Shawano, Wis., May 12, 1918.

Mail to John Loy,
c/o Indian School,
Carlisle, Pa.

Your brother Frank killed by logs. Come home.

Answer collect if you can leave.

Ray Loy.

OFFICIAL BUSINESS

GOVERNMENT RATE { PAID
COLLECT

Charge.....

Sent M.
(Eastern time.)

By
(Name of Telegraph Company)

May 13.

Superintendent.

Allen, Inpt.
Respit. Wis.
John Loy has message his brother Frank killed. No funds
Will if nec. for him to ret. home.
Per [Signature]
(over)

All messages phoned to city telegraph offices, unless otherwise noted.

23 W.

~~Shawano, Wis \$24.75~~

Ray Leroy -

~~Res pit, Wis na Shawano~~

~~John leaves tonight for~~

Allen Supt

20

Res pit, Wis.

Not by Ray Leroy his
brother John leaves ^{and} for
home tonight.

Francis

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MEMORANDUM COPY
OF OFFICIAL TELEGRAM

TO OFFICER SENDING TELEGRAM.

- 1. Keep copy on this form for your files.
- 2. Mail confirmation to addressee indicating that purpose by check mark in this circle.
- 3. Mail copy to your Supervising Field Office, if any.

Will NOT be accepted if presented by Telegraph Company attached to bill for tolls, in lieu of original message.

Receiver's No.—	Time Filed—	Paid <u>Paid</u> Word <u>my</u> Government rate—Toll, \$	(Day or night.)
Sent by <u>Western Union</u>		Telegraph Co. <u>Carlisle, Pa. May 13, 1918.</u>	
(Name of company.)		(Place.) (Date.)	
To <u>Allen Superintendent</u>		From <u>John Francis, Jr.</u>	
<u>Neopit, Wisconsin</u>		(Print or typewrite name of sender.)	
		<u>Superintendent.</u>	
		(Title of sender.)	

John Leroy has message his brother Frank killed. John has no funds. Wire if necessary for his to return home.

Charge: Carlisle, Pa. Indian School

(If not paid in cash, insert name of office to which bill should be presented for payment.)

PAID _____ By SENDER.

(Insert "In cash," if so paid.)

Appropriation: _____

CARLISLE INDIAN SCHOOL

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5756 5090

No.	NAME.	AGE.	TRIBE.	DEGREE OF INDIAN BLOOD.	NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.
Leroy	John	18	Stockbridge	3/4	Neopit, Wisc

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.)		
	72	V	-	3m.	To COUNTRY	FROM COUNTRY	DATE DISCHARGED
Sept. 1916	-	-	VII	-	MAY 3 1 1917	JUN - 2 1917	
			2 voc		JUN 2 4 1917	SEP - 6 1917	
					MAY 1 3 1918		

cat. 1639

Progress from _____ (Date) to _____ (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: _____

CERTIFICATE OF PROMOTION

May 24, 1917, 191

This certifies that John Le Roy (Name of student.)

has made the following record in Carlisle Indian School (Name of school.)

SUBJECTS—ACADEMIC AND VOCATIONAL.

GRADE.

RATING.

Table with 3 columns: SUBJECTS, GRADE, RATING. Rows include English (1st Voc, 73), General Exercises (76), Arithmetic (69), Industrial Geography (84), Agricultural Botany (79), and Blacksmithing (67).

Effort

Department

DETAILS SERVED.

LENGTH OF TIME IN EACH.

RATING.

Table with 3 columns: DETAILS SERVED, LENGTH OF TIME IN EACH, RATING. (Empty rows for recording details)

and ~~XXX~~ is not eligible to pursue work in the Second Year Vocational grade, academic; and (Cancel one.)

grade or year vocational

Handwritten signature of Superintendent

Handwritten signature of Principal

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Oct. 4th, 1915.

Mr. A. S. Nicholson,
Superintendent, The Keshena Agency,
Keshena, Wis.

My dear Sir:

John J. LeRoy, whose approved application for enrolment at Carlisle you forwarded here with your favor of the 29th ultimo, is evidently eligible for enrolment and a ticket for his use has been ordered placed at Shawano, subject to an order from your office.

Noting in your letter that David Crowe desires to return to Carlisle for an additional period, this is to state that just as soon as he has filed with you a satisfactory application for enrolment he may be sent on. A ticket for his use is also being placed at Shawano. In order that our files may be complete I would thank you to submit a statement showing how David has spent his vacation and whether he should be as desirable a student now as he was when he left to go to his home.

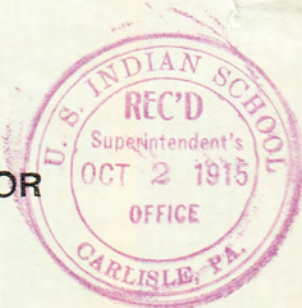
Thanking you for your assistance in effecting the enrolment of the young men, I remain,

Very truly yours,

HKM.

Acting Superintendent.

DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE



Neopit, Wis., September 29, 1915.

Supt. U. S. Indian School,
Carlisle, Pa.

Sir:

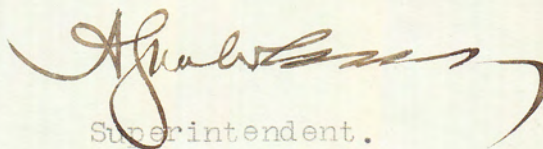
Inclosed herewith application of John J. Leroy, age 18, who signs for himself to attend your school. I think he has ability to make a good pupil for you.

David Crow, a former pupil of your school, finishing his term in June, also wishes to return to school. You have his record.

There are several more desirable young men here who are talking of going to Carlisle and I hope to have their applications within the week.

Please advise whether application accepted and send transportation.

Respectfully,


Superintendent.

MEC.

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May 25th, 1916.

Mr. Gehringer:

You will please secure at once from John LeRoy and send to this office the Athletic Association's jersey he was wearing at the ball game yesterday afternoon.

Will you also secure the hose that Boyd Crowe and Philip Clairmont were wearing and return them to this office?

Respectfully,

HKM.

Superintendent.

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OF OFFICIAL TELEGRAM

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- 2. Mail confirmation to addressee indicating that purpose by check mark in this circle.
- 3. Mail copy to your Supervising Field Office, if any.

Will NOT be accepted if presented by Telegraph Company attached to bill for tolls, in lieu of original message.

Receiver's No.—	Time Filed—	Paid _____	Word _____	Government rate—Toll, \$ _____
		(Day or night.)		
Sent by—		Telegraph Co.		
Western Union		Carlisle, Pa. May 13, 1918.		
(Name of company.)		(Place.) (Date.)		
To		From		
Allen, Superintendent		John Francis, Jr.		
(Name of company.)		(Print or typewrite name of sender.)		
Receipt, Wis.		Superintendent.		
		(Title of sender.)		

Notify Ray Leroy his brother John leaves Carlisle for home tonight.

Carlisle Indian School, Pa.

Charge : _____
(If not paid in cash, insert name of office to which bill should be presented for payment.)

PAID _____ By SENDER.
(Insert "In cash," if so paid.)

Appropriation: _____