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May 18th, 1914.

Miss Hazel Skys,
1581 Broadway,
Buffalo, N.Y.

My Friend,

There is enclosed herewith check of 54 Cents balance
due you on your graduation dress. Please Cash the check promptly
and oblige.

Your friend,

W.H.M.

Supervisor in Charge

XXXXXXXXXXXXXX
XXXXXXXXXXXXXX

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March 20th, 1914.

Mrs. Mazie Skye Tallchief,

1581 Broadway, Buffalo, N. Y.

My dear Friend:

Replying to the letter you addressed to Mr. Meyer at this school on March the 10th, this is to advise that your sister Hazel^{Skye} can be given permission to join you at your home as soon after our Commencement Week exercises as arrangements can be completed.

I will be pleased to hear from you again in regard to this matter at a later date.

Very truly yours,

HKM.

Supervisor in Charge.

1581 Broadway Buffalo N.Y.
March 10, 1914.

Mr. H. K. Meyers:
Carlisle Pa.

Dear Sir:

I am writing to ask
your consideration of
permitting my sister,
Hazel Skye, to come
home after her graduation.
If you hesitate, think-
ing she will go to the

reservation, you need not
fear for she will stay here
for a short visit and
then we would like to
have her get an early start
in work for the summer.

We furnished her fare
down there. Could you
make arrangements
to have her come home
with us immediately
after commencement?

I am quite anxious
to have a favorable

reply, Mr Meyers.

Please remember me
to Mrs Meyers and hope
that she and her baby
are doing nicely.

Respectfully yours,
Mazie Takchief.

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

Name of Student		Home Address			Tribe												
Age at Entrance	Date of Entrance	Shop	Locality	Days in School	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron																	
Address			R. R. Station	Conduct													
Recommended by			Grade in School	Ability													
Grade of Home		Church		Health													
Date of Outing	Date Returned	Wages		Earnings													

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Name of Student		Home Address		Tribe												TOTAL OR AVERAGE	
Age at Entrance	18	Date of Entrance	10-2-12	Shop	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
Patron	C. C. Hallowell,		Locality	Days in School													
Address	Llanerch, Pa.		R. R. Station	Conduct													
Recommended by			Grade in School	Ability													
Grade of Home			Church	Health													
Date of Outing	5-1-13	Date Returned	7-6-13	Wages													
Rev. P. H. Pearson																	
Collingswood, N.J.																	
7-6-13																	
8-29-13																	

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX

April 3rd, 1914.

Miss Eidenour;

Hazel Stye is to leave for her home with
her sister on train at 10.46 tomorrow morning.
You will please report her name "dropped".

Respectfully,

HKM.

Supervisor in Charge.

Copy to Mr. Kensler.

Mr. Kensler:

You will please have a conveyance sent to the
Girls' quarters in time to take Hazel to the train desig-
nated above.

Respectfully,

HKM.

Supervisor in Charge.

Copy to Miss Eidenour.

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX

April 3rd, 1914.

Mrs. Mazie Skye Tallchief,

1581 Broadway, Buffalo, N. Y.

My dear Friend:

In compliance with the request that was contained in the letter you sent to me with your sister Myra, this is to state that Hazel can leave here tomorrow forenoon. It has already been arranged so that both the girls will leave in time to connect with the train due at Buffalo tomorrow evening at 8.00 o'clock.

Hoping that you can arrange to meet your sisters at the time specified above and that you will urge Hazel not to give up her school work if there is any opportunity at all for her to resume her studies next September, I am,

Very truly yours,

HKM.

Supervisor in Charge.

1381 Broadway Bufl
March 29, 1914.

Supervisor C. H. Lippe,
Carlisle, Pa.

Dear Sir:

Your letter granting
Hazel Skye permission to
return home after com-
mencement delighted me.
and further ask if arrange-
ments could be made for

her to return on Saturday
April 4th with her sister
Myra Skye, who bears
this letter. I ask this
so that she will not
have to come home alone.

Miss Skye will answer
any questions you may
wish to ask.

Thanking you for your
kindness and for all
that you have done
for Hazel at the school.

Respectfully,
Majie Tallchief.

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DEPARTMENT OF THE INTERIOR
UNITED STATES INDIAN SERVICE

NEW YORK AGENCY

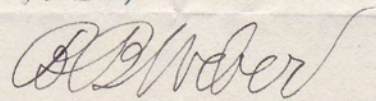
Salamanca, N. Y., Sept. 16, 1913.

Mr. M. Friedman,
Superintendent U. S. Indian School,
Carlisle, Pa.

Dear Sir:

The girl referred to in yours of Sept. 13 has been carried on the rolls here as Nellie H. Skye. The enumerator one year wrote it Nellir Hazel Skye. In asking for application blanks she signed Hazel N. Skye. Undoubtedly the same person.

Respectfully yours,



Special Agent for New York Indians.

BB

September 13th, 1913.

Superintendent,

N.Y. Indiana,

Salamanca, N.Y.

Dear Sir,

I have before me a treasury warrant in the sum of \$1.16 in favor of Nellie H. Skye. We have no Pupil on our roll by this name but have a girl named Hazel Skye who claims the money. Will you kindly advise if this is the proper girl to receive the money.

Respectfully,

W.H.N.

Superintendent,

not

NAME Wazel Skye Sex Male Female.

Tribes Full Seneca State New York Oct 7 1922

Age 18 years Respiration _____ Condition of Eyes OK

Height 5 ft. 2 1/2 ins. Ears OK

Weight 122 1/4 lbs. Mensuration { Insp. 36 Throat OK
Exp. 31 1/2

Temperature 99.4 Vaccination yes Cervical glands OK

Pulse _____ Vision _____ Skin OK

Inspection Well developed

Palpation normal

Percussion "

Auscultation normal

Heart normal

(Menstruation) regular - pain

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<u>1</u>		<u>yes</u>	<u>T.B.</u>
Mother			<u>yes</u>	<u>T.B.</u>
Brothers	<u>1</u>	<u>good</u>	<u>none</u>	
Sisters	<u>2</u>	<u>"</u>	<u>1</u>	<u>infancy</u>

Personal history Chicken pox, measles

Present condition Good

H. B. Fralich, 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.

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BRIEF.

Application of

Mc Ray C. Skye

FOR THE ENROLLMENT OF

M. Hazel Skye,

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

80 S. Division St., Buffalo, N.Y.

Date of enrollment, _____, 191_____

Term of enrollment, *Five* (*5*) years

Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle Pa., of N. Hazel Skye female, I, McRay C. Skye (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Buffalo P. O., State of N. Y., do hereby voluntarily consent and agree to her enrollment in said school for a period of five years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Tonawanda Res. on Sept. 20; that the father, Jerome Skye, was a full blood Indian of the Tonawanda Seneca Tribe located at Tonawanda Reservation Agency; that he left the tribe about July 4, 1897; that the mother, Louise Skye, was a full blood Indian of the Tonawanda Seneca Tribe located at Tonawanda Reservation Agency, and left the tribe about November 1908; that the said child was born and reared in the United States, and now actually resides therein; and that she has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>Thomas Indian School</u>	<u>Troquois, N. Y.</u>	<u>Sept. '98</u>	<u>June '12</u>	<u>Graduated</u>	

This 23rd day of August, 1912
 Two witnesses: Mazie Skye Talchief McRay C. Skye
Wesley J. Talchief P. O., _____
 (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.)

AFFIDAVIT.

I, McRay C. Skye, do hereby swear that the statements made in the above application are true.
McRay C. Skye
 (Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this _____ day of _____, 191_____

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

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 Hazel N. Skye
has attended the Thomas Indian School at
Iroquois, New York, from Sept. 23, 1898,
to June 30, 19 12.
Iroquois, Erie Co., N. Y.
August 27, 19 12.

Emily J. Lincoln
(Sign here.)
Superintendent

Certificate of Physician.

I, _____, a practicing physician of _____

_____, do hereby certify that I have carefully examined _____,

the child named in this application, and find that _____ 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 _____ day of _____, 191

_____, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, *Elizabeth M. McCoull*, a *teacher*, of *Rochester, N.Y.*, do hereby certify that I am personally acquainted with *McRay Skye* who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *N. Hazel Skye*; that

she is known and recognized in the community in which she lives as an Indian; that in my opinion she can not receive proper and adequate schooling at home for the reason that *she has no permanent home for the account of the expense*

This *24th* day of *August*, 191*2*

Elizabeth M. McCoull

VOUCHER No. 2.

I, *Mary E. Mason*, a *Pharmacist*, of *Rochester, N.Y.*, do hereby certify that I am personally acquainted with *McRay Skye*, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *N. Hazel Skye*; that

she is known and recognized in the community in which she lives as an Indian; and that in my opinion she cannot receive proper and adequate schooling at home for the reason that *she has no parents living and her Guardian Leo M. H. means to grant her the education that she desires.*

This *24* day of *August*, 191*2*

Mary E. Mason

Certificate of School Physician.

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

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

This _____ day of _____, 191_____

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.



CARLISLE INDIAN INDUSTRIAL SCHOOL

5561

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2788		ENGLISH NAME Hazel Skye		AGENCY New York		NATION Seneca		
BAND		INDIAN NAME		HOME ADDRESS Akron, N. Y.				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER, D.	MOTHER, D.	Full	18	5'2 1/2"	122 1/4	36	3 1/2	.7
ARRIVED AT SCHOOL Oct. 2, '12		FOR WHAT PERIOD		DATE DISCHARGED Apr. 3, 1914		CAUSE OF DISCHARGE		
TO COUNTRY 5-1-15		PATRONS NAME AND ADDRESS C. C. Hollowell Llanerch, Pa.					FROM COUNTRY 8-29-13	

THE SHAW-WALKER CO., MURKESON 121071

Years in school - 10

Church - Methodist

Mile to school - 1 mile