

5738

CARLISLE INDIAN INDUSTRIAL SCHOOL.
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT.

Dead

NUMBER 2027		ENGLISH NAME Claudia Marie (Amou)			AGENCY		NATION Menominee		
BAND		INDIAN NAME			HOME ADDRESS Louisa Moore, Kesheno, Wis.				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.	
FATHER, Dead		MOTHER, Living	Full	16	5-23	127 1/2	31	31	F
ARRIVED AT SCHOOL		FOR WHAT PERIOD		DATE DISCHARGED		CAUSE OF DISCHARGE			
Aug 24 1905		5 Years		Mar. 25-1908		Died			
TO COUNTRY		PATRONS NAME AND ADDRESS					FROM COUNTRY		
9-11-06		A. P. Sattershwaite, Waawa, Del. Co., Pa.,					Frank 4-9-07		
4-9-07		Frank Miller, Oak Lane "					7-27-07.		

SHAW-WALKER MUSKOGON 5178

Months in school before Carlisle,

Grade entered at Carlisle, 4th

Grade at date of Discharge, 4th

Trade or Industry, Sewing & Laundry

Church, Catholic

CONSENT OF

.....
FOR THE ENROLLMENT OF

.....
IN THE INDIAN SCHOOL AT

.....
For the term of years

.....
Name of agency or place from which pupil came:

.....
Date of enrollment, 190.....

.....
Date of discharge, 190.....

.....
Cause of discharge, 190.....

X

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Claudie Marie Amour Indian name is _____

Name of Father _____

Name of mother Louise Amour Tribe Menominee

Reservation Menominee Degree of Indian blood of child Full

Is either parent white, if so, which? no Are either or both allotted? _____

On what reservation? Menominee Age of child 16 What reservation school attended? Gov. How long? 9 yr

If ever enrolled in a nonreservation school, name of school, _____ no _____

When? _____ How long? _____ If ever dismissed from a school, where, _____; when, _____ and for what reason? _____

(Signed.) Claudie Marie Amour

NOTE—The above blank to be signed by the child, if old enough to understand its import; if not, by the parent, guardian or other person cognizant of the facts

CONSENT BLANK

I, Louise Amour, parent, guardian or next of kin of the above-name child, Claudie Marie Amour, do hereby consent to

transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.

Dated at Keshewa Wisconsin on the 21 day of August, 1905

(Signed.) Louise Amour
(Parent, Guardian or next of kin.)
Witness, Albert Saxon

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Claudie Marie Amour and have found her physically sound, and recommend

the transfer so far as her health conditions are concerned. Dated at Keshewa Wis

on the 21 day of aug, 1905
(Signed) Albert J Nelson M.D.

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statements concerning the above-named Claudie Marie Amour are believed by me to be correct, and I hereby recommend the transfer.

(Signed.) Stephen J. ...
U. S. Indian Agent or Superintendent.

NOTE—Age limits, twelve to twenty years. preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit can be given consideration.

Card made