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Katchenage, Thos. (Ex. Stu.)

2291

check cashed by Peter Look Around

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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

Dead

NUMBER 34 37	ENGLISH NAME Tom Katchanags	AGENCY	NATION Menominee				
BAND	INDIAN NAME	HOME ADDRESS Peter Katchanags, South Branch Wis					
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX
FATHER: Living	MOTHER: Dead	Full	14	5-4 1/2	90	29	27 1/2 M
ARRIVED AT SCHOOL	FOR WHAT PERIOD	DATE DISCHARGED		CAUSE OF DISCHARGE			
Aug 24-1905	5 years	Feb. 26-'08		Ill. health			
TO COUNTRY	PATRONS NAME AND ADDRESS					FROM COUNTRY	
3-31-06	Lillian Flowers, Edgewood Pa,						
4-27-06	Jos. Burton, Dullytown, Pa.					Feb 13-1907	

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Years in school before Carlisle,

Grade entered at Carlisle, ⁶ 5th

Grade at date of Discharge, ¹¹ 5th

Trade or Industry,

Religion, 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.....

APPLICATION FOR ENROLLMENT IN A NON-RESERVATION SCHOOL

Full name of child Tom Katchanago Indian name is _____
 Name of Father Pete Katch
 Name of mother Pauline Tribe Memphian
 Reservation _____ Degree of Indian blood of child 3/4
 Is either parent white, if so, which? _____ Are either or both allotted? _____
 On what reservation? _____ Age of child 13 What reservation school attended? St Joseph How long? 4 years
 If ever enrolled in a nonreservation school, name of school, _____
 When? _____ How long? _____ If ever dismissed from a school, where, _____ when, _____ and for what reason? _____

(Signed.) _____

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 conizant of the facts

CONSENT BLANK

I, Pete & Pauline Katchanago, parent, guardian or next of kin of the above-name child, Tom, do hereby consent to _____ transfer or enrollment for a period of five (5) years in the Indian School at Carlisle, Pa.
 Dated at South Branch on the 13 day of Aug, 1905.
 (Signed.) Pauline Katchanago
(Parent, Guardian or next of kin.)

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named Tom Katchanago and have found him physically sound, and recommend the transfer so far as his health conditions are concerned. Dated at Keshewa wis on the 18 day of aug, 1905.
 (Signed) Albert J. Nelson *physician*
Previous Otida Media

AGENT'S OR SUPERINTENDENT'S INDORSEMENT

The statments concerning the above-named Tom Katchanago are believed by me to be correct, and I hereby recommend the transfer.
 (Signed.) Shepard Freeman
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