

NAME: **Bisonette Edna** TRIBE: **Sioux.** PARENT OR GUARDIAN: **Sarah Bisonette.**

DATE ENROLLED: **Aug 19, 1905.** TERM: **10 Years** AGE: **7** HOME ADDRESS: **Manderson, S. D.**

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	
<i>Apr. '08</i>	<i>Nov.</i>	<i>V. Good</i>	<i>V. Good.</i>									
<i>Jan. '09</i>	<i>2</i>	<i>V. Good</i>	<i>V. Good</i>	<i>Sch.</i>			<i>1-10</i>	<i>V. Good</i>	<i>V. Good.</i>			
<i>July '09</i>	<i>Nov</i>	<i>U. Good</i>	<i>V. good.</i>	<i>Sew.</i>	<i>Good</i>	<i>V. Good</i>	<i>"</i>	<i>Good</i>	<i>"</i>			
<i>Jan. '10</i>	<i>9.35</i>	<i>Good.</i>	<i>EX</i>	<i>"</i>	<i>V "</i>	<i>EX</i>	<i>10</i>	<i>EX</i>	<i>EX</i>			<i>Sent home. Feb. 1910. Sick</i>

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

NUMBER 2039	ENGLISH NAME Edna Bisnette	AGENCY Pine Ridge	NATION Sioux
BAND	INDIAN NAME Handwook. (moth.)	HOME ADDRESS Sara Bisnette, Manderson, S. D.	
PARENTS LIVING OR DEAD	BLOOD	AGE	HEIGHT
FATHER, Dead	MOTHER, Living	7	4-10 1/2
ARRIVED AT SCHOOL Aug 19, 1905	FOR WHAT PERIOD 10 years	DATE DISCHARGED July 1, 1910	CAUSE OF DISCHARGE Dead
TO COUNTRY 2-11-10	PATRONS NAME AND ADDRESS On leave		FROM COUNTRY

SHAW-WALKER MUSKEGON 5178

Months in school before Carlisle,

Grade entered at Carlisle, 1st

Grade at date of Discharge, 3

Trade or Industry,

Church, Episcopal

Miles to sch.

alt. reaction - good

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Bisonette, Edna DATE Feb 23 1909

AGE 10 YEARS { NEW RETURNED } STUDENT. TRIBE Siox STATE Ok.

DEGREE OF INDIAN BLOOD.....

INSPECTION Good development

PALPATION normal

PERCUSSION normal

AUSCULTATION { RESONANCE normal
RESP. MURMUR normal

HEART SOUNDS normal

MENSURATION { INSP. 26 1/4 RESPIRATION 18 PULSE 112
EXP. 24

TEMPERATURE 99.6 degs. HEIGHT..... FT..... IN. WEIGHT 68 LBS.

VISION..... VACCINATION good

MENSTRUATION.....

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....			<u>Yes</u>	<u>?</u>
MOTHER.....	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>2</u>	<u>good</u>		
SISTERS {				

PERSONAL HISTORY:
Has no cough ^{at} this time. Had measles in Nov.

REMARKS:.....

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Bisonette, Edna DATE Dec 1908

AGE 10 YEARS } NEW } STUDENT. TRIBE Siouy STATE S. Dak.
 RETURNED }

DEGREE OF INDIAN BLOOD.....

INSPECTION Fair development. Conjunctivitis.

PALPATION Negative

PERCUSSION Dullness in right apex

AUSCULTATION { RESONANCE Voice sounds slightly increased
 { RESP. MURMUR over both lungs.

HEART SOUNDS.....

MENSURATION { INSP. 26 RESPIRATION..... PULSE.....
 { EXP. 23

TEMPERATURE..... degs. HEIGHT..... FT..... IN. WEIGHT..... LBS.

VISION..... VACCINATION good. Perac. 1/20/09.

MENSTRUATION Not established

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			yes	?
MOTHER	yes	good		
BROTHERS	2	good		
SISTERS			1	?

PERSONAL HISTORY:

Confined to bed in hospital. Convalescent from measles. Has some cough at present.

REMARKS:

Alte reaction - good.

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

Full name of child, Edna Bissonette Indian name is _____
 Name of father, dead
 Name of mother, Sallie Bissonette Tribe, Sionx
 Reservation, Pine ridge Degree of Indian blood of child, full
 Is either parent white, if so, which? _____ Are either or both allotted? _____
 On what reservation? _____ Age of child, 8 What
 reservation school attended? _____ How long? _____
 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.) Sallie Bissonette

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, Sallie Bissonette, parent, guardian, or next of kin of the above-named child, Edna, do hereby consent to her transfer or enrollment for a period of 10 years (not less than three years) in the Indian school at Carlisle Pa Dated at Pine ridge on the 16 day of August, 1905

(Signed.) Sallie Bissonette
[Parent, guardian, or next of kin.]

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Edna Bissonette, and have found her physically sound, and recommend the transfer so far as her health conditions are concerned. Dated at Pine Ridge Agency on the 16 day of Aug, 1905

(Signed.) Jas B. Walker M.D.
Agency Physician

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

_____, 190____
 The statements concerning the above-named _____ are believed by me to be correct, and I hereby recommend the transfer

(Signed.) John R. Beaman
U. S. Indian Agent or Superintendent.

Card made

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,

CONSENT BLANK

PHYSICIAN'S CERTIFICATE

AGENTS OR SUPERINTENDENT'S INDORSEMENT

Handwritten notes and signatures:

Consent Blank

Physician's Certificate

Agents or Superintendent's Indorsement

John B. ...

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