

6027

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

Dead

NUMBER 2038	ENGLISH NAME Mary Star	AGENCY Sisseton	NATION Sioux				
BAND	INDIAN NAME Wicanhpi	HOME ADDRESS Adam Wicanhpi, Sisseton, S. Dak					
PARENTS LIVING OR DEAD	BLOOD Full	AGE 8	HEIGHT 4 ft	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX. F
FATHER, Dead	MOTHER, Living	DATE DISCHARGED June 3, 1907		CAUSE OF DISCHARGE Tuberculosis			
ARRIVED AT SCHOOL Aug 22, 1905	FOR WHAT PERIOD 5 years						
TO COUNTRY	PATRONS NAME AND ADDRESS				FROM COUNTRY		

SHAW-WALKER MUSKOGON 5478

Months in school before Carlisle,

Grade entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Episcopal

Application for Enrollment in a Nonreservation School.

Full name of child Mary Star Indian name is
Wicasahpi Name of father, Adam Wicasahpi
Name of mother, Jennie Tribe, Sisseton Agency
Reservation, Sisseton S.D. Degree of Indian blood of child, full
Is either parent white, if so which? no are either or both allotted? both
On what reservation? Sisseton S.D. age of child, 8 What
reservation school attended? Sisseton How long? one
If ever enrolled in a nonreservation school, name of school, none
When? _____ How long? _____ If ever
dismissed from a school, where? _____; when? _____
and for what reason? _____ In what grade were you? _____

(Signed) J. A. Robertson

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, J. A. Robertson, parent, guardian, or next of kin of
the above named child, _____ do hereby consent to the transfer
or enrollment for a period of 5 years (not less than three years) in the Indian School
at Carlisle Penn Dated at Sisseton Agency S.D.
on the 18 day of August, 1905.
(Signed) J. A. Robertson
Parent, Guardian, or Next of Kin.

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have personally examined the above-named Mary Star
_____, and have found her physically sound, and recommend the transfer so
far as her health conditions are concerned. Dated at Sisseton Agency S.D.
on the 18 day of August, 1905.
(Signed) E. V. Bobb

AGENT'S OR SUPERINTENDENT'S INDORSEMENT.

_____, 1905.
The statements concerning the above-named Mary Star are believed
by me to be correct, and I hereby recommend the transfer.
(Signed) A. Jackson

U. S. Indian Agent or Supt.

Card

Application for Enrollment in a Nonpublic School

Full name of child: [Handwritten name]
Date of birth: [Handwritten date]
Address: [Handwritten address]
Parent's name: [Handwritten name]
Parent's occupation: [Handwritten occupation]
Is child currently enrolled in a nonpublic school? [Handwritten answer]
If yes, name of school: [Handwritten name]
If no, why not? [Handwritten reason]
Is child currently enrolled in a public school? [Handwritten answer]
If yes, name of school: [Handwritten name]
If no, why not? [Handwritten reason]
Parent's signature: [Handwritten signature]

CONSENT BLANK

I, [Handwritten name], the parent/guardian of the child named above, do hereby consent to the child's enrollment for a period of [Handwritten number] years (not less than three years) in the nonpublic school named above, effective from [Handwritten date] on the [Handwritten day] day of [Handwritten month], 19[Handwritten year].
Parent's signature: [Handwritten signature]

PHYSICIAN'S CERTIFICATE

I hereby certify that I have personally examined the above-named child, and have found him/her physically sound, and recommend the transfer to the nonpublic school named above, provided that the health conditions are satisfactory. Dated at [Handwritten place] on the [Handwritten day] day of [Handwritten month], 19[Handwritten year].
Physician's signature: [Handwritten signature]

AGENTS OR REPRESENTATIVES' INFORMANTS

The statements concerning the above-named child, and the consent given by me to be enrolled, and I hereby recommend the transfer to the nonpublic school named above, are true and correct.
Agent's signature: [Handwritten signature]