



CARLISLE INDIAN SCHOOL

No.	5787	NAME.		AGE.		TRIBE.		DEGREE OF INDIAN BLOOD.		NAME OF AGENCY AND RESERVATION, IF ENROLLED; IF NOT, POST OFFICE OF FAMILY.
		<i>Nickman, William</i>		<i>17</i>		<i>Choctaw</i>		<i>Full</i>		<i>Antlers, Okla.</i>

DATE ENTERED.	Months in school before enrollment here.	IN WHAT GRADE OR ROOM.		Distance to nearest public school from pupil's home.	REMARKS. (Temporarily absent, outing, deserters, on sick leave, special authorities for enrollment, etc.)
		On entering here.	At date of this report.		
<i>NOV 27 1917</i>	<i>30</i>	<i>IV</i>	<i>IV</i>		

To COUNTRY	FROM COUNTRY	DATE DISCHARGED

*trans to Gnd. Pleasant*

*Catholic*