

CARLISLE INDIAN SCHOOL

Oneida Res.
Albert Metoyer
 NAME OF AGENCY AND RESER-
 VATION, IF ENROLLED; IF NOT,
 POST OFFICE OF FAMILY.
Full Kaukauna, Wis #10

No. *5685*
 NAME. *Metoyer Thomas*
 AGE. *15*
 TRIBE. *Oneida*

DEGREE OF INDIAN BLOOD. *Full*

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>SEP - 3 1917</i>	<i>40</i>	<i>V</i>	<i>IV</i>		

TO COUNTRY	FROM COUNTRY	DATE DISCHARGED
		<i>APR - 5 1918</i>
	<i>trans to Tomah</i>	