

BRIEF.

Application of

Henry P. Brant

FOR THE ENROLLMENT OF

Elizabeth Brant

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Oil City Pennsylvania

Date of enrollment, _____, 190

Term of enrollment, *Five* (*5*) years



Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle Pennsylvania, of Elizabeth Brantmale, I, Henry P Brant, (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Oshtemo P. O., State of Iowa, do hereby voluntarily consent and agree to his enrollment in said school for a period of five years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Osmond Iowa on Sept 17, 1898, (Date.) that the father, Henry P Brant is a 1/2 Indian of the Mohawk, (Name of father.) (Is or was.) (Degree.) Tribe located at N.Y. Agency; that he left the tribe about Do not know, (Approximate date.) that the mother, J Brant, a 1/2 Indian of the Mohawk, (Name.) (Is or was.) (Degree.) Tribe located at Osmond Agency, and left the tribe about Do not know, (Approximate date.) that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>gov. Indian Sch. Mt Pleasant</u>	<u>Michigan</u>	<u>Aug 1-1904</u>	<u>Feb 1909</u>	<u>sent home by order of health. Ind. office.</u>	<u>sent home</u>

This 27 day of September, 1909
 Two witnesses: Fred McKim H P Brant
D W Salinger H A Longwell
 (Parent, guardian, or next of kin.)

(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)

AFFIDAVIT.

I, H. P. Brant, do hereby swear that the statements made in the above application are true.

H. P. Brant
 (Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 27th day of September, 1909

Henry McCreedy

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)

Certificate of Physician.

I, _____, a practicing physician of _____, do hereby certify that I have carefully examined _____, the child named in this application, and find that _____ is in proper physical condition to attend school, and is not afflicted with tuberculosis or other disease which would be a menace to the health of other pupils.

This _____ day of _____, 190_____, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, *Mrs. Saulsgnier*, a *householder*, of *Oil City*, do hereby certify that I am personally acquainted with *Henry P. Brant* who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with *Calibatith Brant*; that

(Name of Child.)

he is known and recognized in the community in which he lives as an Indian; that in my opinion he can not receive proper and adequate schooling at home for the reason that *he is a widower and has no other way to provide for his children*

This *29* day of *September* 190*9*

Mrs. Addie Saulsgnier

VOUCHER No. 2.

I, _____, a _____, of _____, do hereby certify that I am personally acquainted with _____, who makes the foregoing application; that I believe his statements therein are true; that I am acquainted with _____; that

(Name of child.)

he is known and recognized in the community in which he lives as an Indian; and that in my opinion he cannot receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 190_____

Certificate of School Physician.

I hereby certify that on _____, I made a careful examination
(As soon after arrival as possible.)
of the physical condition of _____, the child named in the fore-
going application, and found _____ to be _____

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 190_____

School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.