1	1	CRIPTIVE AND							
	alph. Lo ag	amed	AG	ENCY			NATION	unebag	30
BAND	INDIAN NAME	govao	Sora		a a a a a a	v E		sin, he	
PARENTS LIVING OR DEAD	MOTHER L.	3/16	AGE 16	HEIGHT	WEIGHT		ED INSP.	FORCED EPXR.	SEX.
ARRIVED AT SCHOOL	FOR WHAT F			DATE DISCHARGE				of discharge led to retu	un
Lep. 6. 1			TRONS NAME AP		7				COUNTRY
10-14-11	On leav						•		
			-						
					THE SHAW-WALKER CO.,	, MUSKEGUN	79104		
	Months in Grade ent. Grade at a Trade or 1 Church.	ered at C late of D Industry	Ja. lisle Jischarg Press	ge, 7	The second	2000 d d d d d d d d d d d d d d d d d d			

	0 11.	1 dans	-	
NAME	alph W	aggmen State A		Sex { Male.
Tribe Full	Wunekas	State /	Nebrask a	Sex Male. Female.
332	16	State		
Age	ye 3. (ars Respiration		Condition of, Eyes OA
Height	5 1 7314	ins. Mensuration	5p. 36	Ears OL
Weight	214	lbs.	p. 33-	Throatulaceged Housel
	98.4	Vaccination	ep) 9-11	ThroatulacyEd Youid Cervical glands Eulacgen
Pulse	80	Vision		Skin Ok
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Palpation				
Percussion	on			
Auscultation	ar.			
Auscultation				, , , , , , , , , , , , , , , , , , ,
0	11 00 .			
Heart	W.No mu	ruures		
(Menstruation)	***************************************			
		FAMILY	HISTORY.	
	LIVING.	CONDITION OF HEAD	LTH. DEAD.	CAUSE OF DEATH.
Father	Mrs	weel,		
Mother	1151	n		
nother	3	n		
Brothers				
	2			
Sisters			/	\$
	(,
Personal histor	ry measles	, muy Es,		
VI SOMAT MISSON				
	Ch.			
	Ghant			
Present conditi	ion for			
	V		On	1 9/
			Cleuer	DEEK, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

121

5-192 a.

Carifale, Pa.

BRIEF.

7 22, 1895.	Tot. 18	STOREN AT MARKET
		ogađanski
	APPLICATION OF	
1/8	Laura M. Waggoner	Gegear R. Wapponer L
	FOR THE ENROLLMENT OF	
1/4	Ralph E. Waggoner	Laure 1. Camponer L
his	IN THE INDIAN SCHOOL AT	T. Laure N. Waggoner
	Carlisle, Pa.	
	NAME OF AGENCY FROM WHICH PUPIL C	AME:
	Winnebago	
8411	Date of enrollment,	Toerson Publishing, 190
	Term of enrollment, Three (3) years.
	NAME OF COLLECTING AGENT:	
	Position,	
		6—870

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

f Ralph E. Waggor (Name of child.) Winnebago (Tribe.)	ner	; <u>M</u> (Se:	; date of birth	July 22, 1895.
NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
Oscar F. Waggoner		Winnebag	0	1/8
Laura M. Waggoner	L	Winnebage	0	1/4
I, Laura M. Wacgo (Parent, guardian, or enrollment in said school for all the rules and regulations The said child has been	r a period of	(Not less than 3.) schools.	years, and also oblig	and agree to
enrollment in said school for all the rules and regulations	r a period of	(Not less than 3.) schools.	years, and also oblig	and agree to
enrollment in said school for all the rules and regulations The said child has been	r a period of for Indian senrolled in t	(Not less than 3.) schools. The following se	ehools:	ate myself to abide b
enrollment in said school for all the rules and regulations The said child has been NAME OF SCHOOL.	r a period of for Indian senrolled in the DATE OF ENROLLMENT.	(Not less than 3.) schools. The following Service of Discharge.	chools:	and agree toate myself to abide b
enrollment in said school for all the rules and regulations The said child has been NAME OF SCHOOL.	r a period of for Indian senrolled in the DATE OF ENROLLMENT.	(Not less than 3.) schools. The following Service of Discharge.	chools:	ate myself to abide b
nrollment in said school for all the rules and regulations The said child has been NAME OF SCHOOL. Emerson Public	r a period of for Indian senrolled in the DATE OF ENROLLMENT.	(Not less than 3.) schools. The following Service of Discharge.	chools:	and agree to abide b

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed
for transfer and find him to be in proper physical condition to attend school, and not afflicted
with tuberculosis or any disease which would be a menace to the health of other pupils.

ith tuberculosis or any disease which would be a menace to the health of other pupils.
This 15th day of August , 1901. Physician at Winnebago Agency
CERTIFICATE OF AGENT OR BONDED SUPERINTENDENT.
I hereby certify that the statements made in the foregoing application and certificate, to the best my knowledge and belief, are true; that the consent of Laura M. Waggoner (Parent, guardian, or next of kin.) as voluntary, and I recommend the transfer of the said child.
This 15th day of August , 1961. Agent or Superintendent
CERTIFICATE OF SCHOOL PHYSICIAN.
I hereby certify that on, I made a careful exam: (As soon after arrival as possible.)

I hereby certify that on(As soon after arrival as possible.)	, I made a careful exami-
nation of the physical condition of	, the child named in
the foregoing application, and found to be	Had shirts pass set
I therefore recommend that the said child be enrolled in	this school.
This, 190	
	School Physician.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a nonreservation school. The Superintendent of the nonreservation school will retain the original for his files, and the duplicate shall be deposited in the Agency records. The agent will then send to the Commissioner of Indian Affairs his certificate as provided by law. All the blanks must be properly filled in every case.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names <u>must</u> be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer.

TOLORSEMENTS.

The laws relating to the transfer of Indian-children from reservations and schools are as follows:

That hereafter no Indian child shall be sent from any Indian reservation to a school beyond the State or Territory in which said reservation is situated without the voluntary consent of the father or mother of such child if either of them are living, and if neither of them are living without the voluntary consent of the next of kin of such child. Such consent shall be made before the agent of the reservation, and he shall send to the Commissioner of Indian Affairs his certificate that such consent has been voluntarily given before such child shall be removed from such reservation. And it shall be unlawful for any Indian agent or other employee of the Government to induce, or seek to induce, by withholding rations or by other improper means, the parents or next of kin of any Indian to consent to the removal of any Indian child beyond the limits of any reservation. (28 Stats., p. 906.)

Provided, That hereafter no Indian child shall be taken from any school in any State or Territory to a school in any other State against its will or without the written consent of its parents. (29 Stats.,

p. 348.)

The rules provide that—

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A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other nonreservation 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.

An Indian boy or girl 18 years old and over may, without the consent of parents or others, personally sign the application form on its being changed to suit the case; but in all cases where the parents are living they should first be consulted.

This form is to be used only in transfers from reservations or Indian schools to nonreservation schools.

6-870

NAME AT CARLISLE Ralph Maggoner.

563757 3**M-2-11**

PRES	PRESENT NAME							
DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE			
1911								
	•							

Waggoner, Ralph Ex-stu 121 Mother-mis. Lora M. Waggoner 6414