

612

BRIEF.

Application of

Ammons Trumper

FOR THE ENROLLMENT OF

himself

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST-OFFICE ADDRESS OF APPLICANT:

Whitther, N. C.

Date of enrollment, *Oct. 22nd*, 191*0*

Term of enrollment, *Three* (*3*) 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, Pa., of Ammons Tramer M., I, Ammons Tramer of Whittier P. O., State of N. C., do hereby voluntarily consent and agree to my enrollment in said school for a period of 3 years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Whittier, N. C. on June 12-1889 that the father, Ammons Tramer, was a 1/4 Indian of the Cherokee Tribe located at _____ Agency; that he left the tribe about _____; that the mother, Agnes Tramer, was a 1/2 Indian of the Cherokee Tribe located at _____ Agency, and left the tribe about _____; 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.

This 22 day of Oct, 1910.
Two witnesses:

Harvey K. Meyer

Ammons Tramer
(Parent, guardian, or next of kin.)
P. O., Whittier, N. C.

(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, _____, do hereby swear that the statements made in the above application are true.

(Signature of applicant.)

(Parent, guardian, or next of kin.)

Sworn to and subscribed before me this _____ day of _____, 1910.

(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 _____, 191_____, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, _____, a _____, of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with
_____ who makes the foregoing application; that I believe his state-
ments 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; that in my opinion
he can not receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 191_____

VOUCHER No. 2.

I, _____, a _____, of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with
_____, who makes the foregoing application; that I believe his state-
ments 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 _____, 191_____

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 _____, 191_____

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.



NAME.

Ammons Trampler

612
TRIBE.

Cherokee

PARENT OR GUARDIAN.

Aggie Trampler

DATE ENROLLED.

Aug. 25, 1910

TERM.

Three years

AGE.

21

HOME ADDRESS

Cherokee, N. C.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct.

June 71
July '11

9

C.

Tele. 1st V. 2d

1st 2d

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Tramper Emmons DATE 10/13 1910

AGE 20 YEARS { NEW RETURNED } STUDENT. TRIBE Cherokee STATE N. Carolina

DEGREE OF INDIAN BLOOD Full

INSPECTION well developed

PALPATION Normal

PERCUSSION Dull at both apexes

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 39 $\frac{1}{2}$ RESPIRATION 20 PULSE 80
EXP. 36

TEMPERATURE 98 $\frac{4}{10}$ degs. HEIGHT 5 FT. 5 $\frac{3}{4}$ IN. WEIGHT 155 $\frac{1}{2}$ LBS.

VISION 10/10 VACCINATION Good scar

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			yes	?
MOTHER			yes	?
BROTHERS {	1	good		
SISTERS {	2	good		
	1		yes	?

PERSONAL HISTORY:

General Health Good

REMARKS:

HOSPITAL RECORD.....

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Sept. 12th, 1914.

Mr. James E. Henderson,
Superintendent, The Cherokee School,
Cherokee, N. C.

Dear Mr. Henderson:

This is to acknowledge receipt of your favor of September the 9th, with which you transmitted Ammons Trumper's check for an amount of \$1.25 in favor of Dr. H. H. Boyer.

Complying with the request contained in the same letter I am having mailed to you a number of blanks upon which applications for the transfer of desirable students to Carlisle may be submitted.

Assuring you that your co-operation in selecting only those whose past records indicate that they can be believed to make good use of their time if an opportunity is given them to come to Carlisle will be appreciated, I remain,

Very truly yours,

HKN.

Supervisor in Charge.

DEPARTMENT OF THE INTERIOR

UNITED STATES INDIAN SERVICE

Cherokee Indian School

Cherokee, N. C. September 9th, 1914.

Mr. O. H. Lipps,
Supervisor in Charge,
Carlisle Indian School,
Carlisle, Pa.

My dear Sir:-

I am enclosing, herewith, check No. 5018, payable to the order of Dr. H. M. Boyer, for \$1.25, the same having been signed by Ammons Tramper.

I would be glad if you would forward me a supply of application blanks, for enrollment in your School.

Very respectfully,

James E. Fin
Superintendent.

JEH/vf

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November 14, 1916.

Mr. Ammons Tramper,

Cherokee, North Carolina.

Through Sup't. James E. Henderson.

Dear Sir:

I am enclosing herewith a check for the amount of \$44.20, which is to balance your account on the books of this school. I shall appreciate it if you will immediately have this check cashed, in order to relieve us of any extra work in connection therewith.

I am also enclosing a franked envelope for reply, which requires no postage, and will thank you to give this matter your early attention.

Yours very truly,

CVP-RFH

Superintendent.

612 TRADE RECORD, CARLISLE.

PUPIL *Ammons Trampes*

TRADE *Telegraphy*

ABILITY *Good*

CONDUCT *Very Good*

REMARKS

INSTRUCTOR *Will H. Miller*

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

N.C. 1004

Name of Student *Ammons Trampen* Home Address *Aggie Trampen - Cherokee* Tribe *Cherokee*

Age at Entrance *21* Date of Entrance *8-25-'10*

Shop

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC TOTAL OR AVERAGE
July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

Patron *Geo H. Cornell*

Locality

Days in School

Address *Newtown, Pa.*

R. R. Station

Conduct

Recommended by

Grade in School

Ability

g g g

g g g

g g g

Grade of Home

Church

Health

Date of Outing *4-6-'11*

Date Returned *5-29-'11*

Wages

Earnings

11.00¹³ 14.

*Halter Scott
 England, Pa.*

g

g

g

14.

5-29-'11

m 9-1-'11

2.9.

"

"

14.

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

NAME AT CARLISLE

Ammon's Transfer

PRESENT NAME