| //  | woo Ke        |  | 298               |   |
|---|---------------|--|-------------------|---|
| NAME (  |               |  |                   | Sex { Male. Female.                     |
| Tribe $\left\{\begin{array}{c} FuII \\ I \end{array}\right\}$ | Romac         | he state Okl   |                   | Lep729,1911                             |
| Age   | 20 year       |  |                   | ondition of Eyes Frachen                |
| Height 3  | 11. 6 2 11    | ns. Mensuration $\begin{cases} Insp. & 3 \end{cases}$  | S                 | Ears Q                                  |
| Weight  | 122 11        |  | 1-2-              | Throat On                               |
| Temperature   | 97.6          | Vaccination Left   | 9-11              | Cervical glands                         |
| Pulse   | 70            | Vision   | 1801/170/408/1515 | Skin                                    |
| Inspection  | }             | HADE OR BEITE BERTHAN TO THE TO THE TOTAL OF |                   |   |
| Palpation   |               |  |                   |   |
| Dercussion  | 1             |  |                   |   |
| ***********   | FR            |  |                   |   |
| Auscultation  | 7 01          |  |                   | *******************************         |
|   |               |  |                   |   |
| leart   |               |  |                   | *************************************** |
| (Menstruation)  | ) <del></del> | TAKEN V. INCOMO.   |                   |   |
|   |               | FAMILY HISTOR  | · Y.              | T.                                      |
|   | LIVING.       | CONDITION OF HEALTH.   | DEAD.             | CAUSE OF DEATH.                         |
| Father  |               |  | Gro               | , ,                                     |
| Nother  |               |  | 1 yes             | ·                                       |
| Brothers  | 8             | toree  |                   |   |
| Mothers   |               |  |                   |   |
| Sisters   | <u></u>       | ***************************************  |                   |   |
|   |               | ······································   |                   | ٦                                       |
| Personal bisto  | Oluchen       | Per, measles   |                   |   |
| e commit motor  |               |  |                   |   |
|   |               |  |                   |   |
| Present conditi   | ion Gord      |  | V. 11             |   |
|   | 1             |  |                   |   |
|   | U             |  | El.               | Arex, M.D.                              |
|   |               | 24.00  | cine              | , 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.

| CASE            | RECORI                              | ), 5-354.   |
|-----------------|-------------------------------------|-------------|
| AND APPLICATION | St. St. and also, other 10 or 10 th | 2 5 5 5 5 T |

| Name        |  |           |         |           |            |            |  |  |  |  |
|-------------|--|-----------|---------|-----------|------------|------------|--|--|--|--|
| Age         | $Sex \left\{ egin{array}{ll} Male. & Tribe \left\{ egin{array}{ll} Full \\ I \end{array}  ight\} \end{array}  ight.$ |           |         |           |            | Residence  |  |  |  |  |
| (On         |  |           |         | , 19      | ))         |            |  |  |  |  |
| DATE.       |  | SYMPTOMS. |         | SYMPTOMS. | TREATMENT. | DIAGNOSIS. | REMARKS.   |  |  |  |
| 19          |  | т.        | Р.      | R.        |            |            |  | History, progress, and termination of the disease. |  |  |
|             |  |           |         |           |            |            |  |  |  |  |
|             |  |           |         |           |            |            |  | *********************************                  |  |  |
| *********** | 2552   |           | TOTAL . |           |            |            |  |  |  |  |
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|             |  |           |         |           |            |            |  |  |  |  |
|             |  |           |         |           |            |            |  | g 1051   |  |  |

391

## BRIEF.

Application of

Watter Komal (llucle)

FOR THE ENROLLMENT OF

amos Tomak

IN THE INDIAN SCHOOL AT

## Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment 191

Term of enrollment ( ) year

Printed by Carlisle Indians.

# Application for Enrollment in a Non-reservation School. (For a child enrolled at an Agency)

| For and in considerati   |                   |                                       | 10                     | cates assuming the | e care, education,        |
|--|-------------------|---------------------------------------|------------------------|--------------------|---------------------------|
| of amos Koma (Name of Ch   | h                 | • • • • • • • • • • • • • • • • • • • | (Sex)                  | of hirth           | d 20 year                 |
| (Tribe)  NAME OF FATHER (Both Indian and English)  | Living or<br>Dead | TRIB                                  | E                      | BAND               | DEGREE OF<br>INDIAN BLOOD |
| San hago NAME OF MOTHER  EAO,  | dead              | Coman                                 | che                    |                    | Jule<br>Jule              |
| I, Watter Nov.  enrollment in said school f the rules and regulations f The said child has bee | for Indian Sc     | f (Not less than a                    | years, and             | y consent and agr  | ee to his                 |
| NAME OF SCHOOL E   | DATE OF NROLLMENT | DATE OF DISCHARGE                     | CAUSE                  |                    | GRADE                     |
| Inilocco School  | 1905 1            | 1908                                  |                        |                    |                           |
|  | O. address:       | (Rayent,                              | conrelian, or nexage l | lte Nom            | ah<br>Jahoma              |

#### PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find how 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.

This 26 day of Sept, 1911

Louis A. Milnes

Physician at 2 of Sill Schoon his

### CERTIFICATE OF AGENT OR SUPERINTENDENT.

I hereby certify that the statements made in the foregoing application and certificate, to the best of my knowledge and belief, are true, that the consent of Walter Komah

was voluntary, and I recommend the gransfer of said child.

This 26 day of dept

Agent or Superintendent.

#### 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.

NOTE.—Age limits, fourteen to twenty years. Preferably fourteen to eighteen. Students must be at least one-fourth Indian, preferably full Indian. Special cases beyond the age limit will be given consideration. An industrial course only can be taken and the term reduced to three years, in exceptional cases.

#### INDORSEMENTS.

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 is living, and if neither of them is 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-

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.

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

## TRADE RECORD, CARLISLE.

| Pupil      | auso Tomak.              |
|------------|--------------------------|
| Trade      | Printing.                |
| ABILITY    | Good. 1                  |
| CONDUCT    | Splindid.                |
| Remarks    | new Long - Starts wice - |
| Instructor | E. T. Miehr.             |

# 391 REPORT AFTER LEAVING CARLISLE

563757 3M-2-11

NAME AT CARLISLE Amos Komah.

| PRESENT NAME |                        |         |            |                   |       |  |  |  |  |
|--------------|------------------------|---------|------------|-------------------|-------|--|--|--|--|
| DATE         | INFORMATION<br>THROUGH | ADDRESS | OCCUPATION | ITEMS OF INTEREST | GRADE |  |  |  |  |
| 1911         |                        |         |            |                   |       |  |  |  |  |
|              |                        |         |            |                   |       |  |  |  |  |
| T.           |                        |         |            |                   |       |  |  |  |  |
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