

586.

1952.

5-192 a.

BRIEF.

1952



APPLICATION OF

*Mrs Louise Kelley*

FOR THE ENROLLMENT OF

*Colvin Kelley*

IN THE INDIAN SCHOOL AT

*Carlisle, Pa.*

NAME OF AGENCY FROM WHICH PUPIL CAME:

*Standing Rock*

Date of enrollment, *Nov.* 8, 190

Term of enrollment, *Three* (23) years.

NAME OF COLLECTING AGENT:

Position,

## APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration of the Government of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa.

of Colvin Kelly  
(Name of child.) ; male ; date of birth 1894 ;

Sioux  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Mrs Louise Kelly</u> <u>Louise Lee</u> NAME OF MOTHER.	<u>Living</u>	<u>Sioux</u>		<u>½</u>

I, Mrs Louise Kelly  
(Parent, guardian, or next of kin), do hereby voluntarily consent and agree to  
enrollment in said school for a period of Three years, and also obligate myself to abide by  
all the rules and regulations for Indian schools.

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1.				
2.				
3.				
4.				

Mrs Louise Kelly  
(Parent, guardian, or next of kin.)

P. O. address: St. Paul, Minn.

Two witnesses:

### 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.

This 19 day of Nov, 1908

Henry E. Goodrich

Physician at Standing Rock Agency.

### CERTIFICATE OF AGENT OR BONDED 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 Parent (Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of the said child.

This 19 day of Nov, 1908

M. L. Bell

Agent or Superintendent.

### CERTIFICATE OF SCHOOL PHYSICIAN.

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

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

This \_\_\_\_\_ day of \_\_\_\_\_, 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 must 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.

## 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 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—

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.

5-378.

INCLOSURE

6591

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FROM

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OFFICE OF INDIAN AFFAIRS,  
DEPARTMENT OF THE INTERIOR.

6-1201 B

Please return  
this application  
to the Carlisle  
Indian School.

No reaction

December 5, 1908.

## PHYSICAL EXAMINATION.

1953

NAME OF PUPIL.

Lee Chas.

AGE 15 YEARS

{ New

{ Returned

STUDENT.

TRIBE.

Sioux S.D. STATE.

INSPECTION

Slight development.

PALPATION

Normal.

PERCUSSION

Resonance under left arm.

Impairment of resonance upper part right lung.

AUSCULTATION

Normal - about.

MENSURATION

{ Insp. 29 1/2

{ Exp. 33

RESPIRATION 21

VACCINATION

1923/98  
Good.

TEMPERATURE

96

degs. HEIGHT

5

FT.

7 1/4 IN. VISION

100

PULSE

96

WEIGHT

120 1/2

LBS.

FAMILY HISTORY:

	Living	Condition of Health	Dead	Cause of death
FATHER	yes	Good		
MOTHER	yes	Good		
BROTHERS	1	Good	1	Choking.
SISTERS	1	Good	1	Appendicitis

PERSONAL HISTORY:

Cough for past 2 months spit blood about week ago, running.

REMARKS:

Lost 5 pounds in past few weeks.

Examined for Outing

190

Physical Condition

Remarks:

NAME.

(Chas. Lee)

TRIBE.

1952

PARENT OR GUARDIAN.

Calvin Kelly

Sioux

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

Mrs. Louise Kelly,  
St. Paul, Minn

Nov. 23, 1908

Three Years

15

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM  
NO.

Scholarship

Conduct

Shop.

Ability.

Conduct

Room  
No.

Neatness

Conduct

Ability.

Conduct

Jan '09  
July 09

6

Medium

U.Good

Fair

ex

Poor

Poor

Poor

314

Poor

Poor

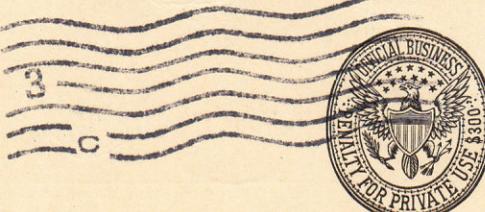
"

Fair

"

1-567 a

Department of the Interior.



*Mr. M. Friedman*

*Supt. U. S. Indian School*

*Carlisle*

*Pennsylvania*

6-3305

✓ 1952

March 8<sup>th</sup>, 1914

Name *Charles Lee*. Present *Colvin Kelly*  
(Please give name by which enrolled and also present or married name.)

Tribe *Sioux Indian*

Present Address *848 Pursey Ave St Paul.*

Former Address *Fort Yates N.D.*

(Address from which we heard from you last.)

Present Occupation *Telegrapher*

Remarks: *In 1901 I was enrolled by name of Collie or Colvin Lee, and by some mistake was always called Charles.*

NAME AT CARLISLE

Calvin Lee Kelley.

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
1954	Self	848 Rousey Ave, St Paul, Minn.	Telegrapher		

Kelly, Calvin (also <sup>1952</sup> Colvin Lee)	Ex-stu.
Mother's file	1446
Application for enrollment	145
Deserter (Chicago Police)	103
Accident - Youngstown, Ohio	2866
Inquiry - Minn. State Reformatory	1446