

2398

BRIEF.

Application of

John Sownick

FOR THE ENROLLMENT OF

Stella Sownick

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Pinevornig Bay Co. Mich.

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 Pa., of Stella Sownick, (Name of child.) I, John Sownick (Sex.) (Parent, guardian, or next of kin.) of Pinecoming P. O., State of Mich., do hereby voluntarily consent and agree to the 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 Bay Co on May 10 1896; that the father, John Sownick is a full Indian of the Chippewa Tribe located at Pinecoming Agency; that he left the tribe about did not; that the mother, Susan Sownick was a full Indian of the Chippewa Tribe located at Pinecoming Agency, and left the tribe about did not; 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>Public.</u>	<u>Pinecoming</u>				<u>1st</u>

This 9 day of Sept, 1908

Two witnesses:

Mrs J W Johnston

John Sownick
(Parent, guardian, or next of kin.)

George James

P. O., Pinecoming

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

John Sownick
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 9 day of Sept, 1908

My Com. Expires
January 16, 1909

William J. Fotheringham

(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.)

Notary Public, Bay Co Mich



Certificate of Physician.

I, William B. Abbott, a practicing physician of Puncomby
Mich., do hereby certify that I have carefully examined Stella Soumick,
the child named in this application, and find that she 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 9th day of Sept., 1908, W. B. Abbott, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, Harvey Shook, a Hardware Dealer, of
Puncomby Mich. (Business, calling, or profession.)
do hereby certify that I am personally acquainted with
John Soumick who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Stella Soumick; that
(Name of Child.)
she is known and recognized in the community in which she lives as an Indian; that in my opinion
she can not receive proper and adequate schooling at home for the reason that she cannot
attend school on account of long distance
to go, and are poor.
This 9 day of Sept., 1908, Harvey Shook

VOUCHER No. 2.

I, James Cloud, a Clergyman of
Bay City, Mich. (Business, calling, or profession.)
do hereby certify that I am personally acquainted with
John Soumick, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Stella Soumick; that
(Name of child.)
she is known and recognized in the community in which she lives as an Indian; and that in my opinion
she cannot receive proper and adequate schooling at home for the reason that she
cannot attend school for the reason
they have a long distance to go.
This 9 day of Sept., 1908, Rev. James Cloud



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.
