2793.

# DEPARTMENT OF THE INTERIOR

#### UNITED STATES INDIAN SERVICE

Blackfeet Agency,

Browning, Montana,

September 19, 1917.

Mr. John Francis, Jr.,

Supt. Carlisle Indian School,

Carlisle, Pa.

Dear Sir:

In compliance with your request contained in letter of August 24th, I have secured signature of John Flattail on check for \$10.00 in favor of C. V. Peel and am returning same herewith.

Very truly yours,

Superintendent.

HOP

Received above check

DEPARTMENT OF THE INTERIOR, U. S. INDIAN SERVICE.  SUBVOUCHER FOR TRAVELING EXPENSES, WHEN PAID IN CASH.  NO	A ST
United States, 279,3	hallmig
To John Flattail, July 19,1917	7, 19
Carlisle, Pa. , Dr.	DOLLARS. CTS.
For cash advanced for incidental expenses.	
enroute from Carlisle to Browning, Montana	,
(Amount to be refunded)	
Received at Carlisle, Pa., on this 19th	10.00
day of July , 19 17, of John Francis, Jr., Supt.	.,
in cash, Ten and no/100 Dollars, in full payme	ent of above
account, which I certify to be correct.  Witness to signature by mark: (Not to be signed in duplicate.)	-24)
John Ha	tail

5-927.

U. S. In	OF THE INTERIOR, NDIAN SERVICE. e Comptroller of the Treasury roary 1, 1908.	SUBVOUCHER FOR TRAVELING EXPENSES  WHEN PAID BY DISBURSING OFFICER'S  OFFICIAL CHECK.		TATELLA LA CALLA LA C
Anitea	The state of the s			
To	11y 19,1917	76	of JBC4	, 19
		Carliele, Pa.	Dr.	DOLLARS, CTS.
For		acceptant for Secus		O MA
		Permisse to Recent		Doing
		(behanter ea	f of to	roma)
	*(Not to be signed in duplic			been received.
	rs, in full payme	1/00		Claimant.
Paid by chec	A Louis	to order	, for 8:	account, who
- Y's	If paymer	nt is made in cash, use subvoucher form on obvo	erse hereof.	c 6—700

# UNITED STATES INDIAN SCHOOL CARLISLE, PA.

# **TELEGRAM**

Browning, Mont.,

July 16, 1917

690

Sent to

Francis, Supt., Carlisle, Pa.

Flattail requests return of son to Browning.

Ferris.

Paid, Nite rate.

OFFICIAL BUSINESS GOVERNMENT  $\left\{ \begin{array}{ll} \mathrm{DAY} \\ \mathrm{NIGHT} \end{array} \right\}$  RATE—PAID

Charge.....

By Western milon (Name of Telegraph Company.)





640

### UNITED STATES INDIAN SCHOOL

TARLISTLE PA

August 24, 1917.

Themas Ferris, Supt.,

Thomas Ferris, Supt., Blackfeet Indian Agency, Browning, Mont.

Dear Sir: Som and tesing horavith two phochs,

The enclosed check in favor of C. V. Peel for \$10 from John Flattail's account, has not been properly signed.

Will you please have John sign
his name on the face of the check where
I have made the pencil cross, and return
the check to me in the envelope enclosed.

Very truly yours,

D:R

Super intendent.

DESCRIPTION OF LIBITION OF THE PROPERTY OF THE

delap



#### UNITED STATES INDIAN SCHOOL

CARLISLE, PA.

July 23, 1917.

Themas Ferris, Supt., Blackfeet Indian Agency, Browning, Mont.

Dear Sir:

I am enclosing herewith two checks, one payable to C. V. Peel for \$10, which is the amount advanced for John Flattail when he left here lest week.

Will you please have John sign this check and return it to me at your earliest convenience.

The other check also for \$10 is made payable to John and is the balance of wages due him. This check he can retain.

Very truly yours,

Superintendent.

Buchoset,

delay

#### TO OFFICER SENDING TELEGRAM.

1. Keep copy on this form for your files.

2. Mail confirmation to addressee indicating that purpose by check mark in this circle.

3. Mail copy to your Supervising Field Office, if any.

# MEMORANDUM COPY OF OFFICIAL TELEGRAM

Will NOT be accepted if presented by Telegraph Company attached to bill for tolls, in lieu of original message.

Receiver's No.—	Time Filed—	Paid	Word Government rate—Toll, \$	******
Sent by-	n Union	Telegraph Co.	Browning, Montana, July 16, 1917.	
	of company.)  s. Superintendent		(Place.) (Date.)	
	arlisle, Pa.		(Print or typewrite name of sender.)	
*			(Title of sender.)	

Plat Tail requests return of son to Browning.

Official Business, Gov't night rate, paid. 690

	Blackfoot Agency
Charge:	n, insert name of office to which bill should be presented for payment.)
(II Hot bard III each	i, insert hame of office to which said blocks as pro-
PAID	By SENDER.

Appropriation:

July 23, 1917.

Thomas Ferris, Supt., Blackfeet Indian Agency, Browning, Mont.

Dear Sir:

I am enclosing herewith two checks, one payable to C. V. Peel for \$10, which is the amount advanced for John Flattail when he left here last week.

Will you please have John sign theme check and return it to me at your earliest convenience.

The other check also for \$10 is made payable to John and is the balance of wages due him. This check he can retain.

Very truly yours,

D:R

Superintendent.

Age 1/1 years Respiration 8 few min Condition of, Eyes Transformed Height 5 tt. 1/4 ins.  Weight 130 lbs.  Temperature 98 Vaccination lacturated Galaxy Cervical glands normal Skin manual Inspection assumed Pulse 72 Vision Manual Skin manual Skin Manual Inspection manual Inspection manual Manual Manual Manual Manual Meant manual M	Tribe   Fall   Tregar   State   Montana   Sept 6 , 19 6   Age   17	5-354.		CASE RECORI	D.	
Age 1/1 years Respiration 8 few Man Condition of Eyes Tanks Height 5 tt. 1/1 ins.  Weight 130 lbs.  Temperature 98 Vaccination lacenaried coday Cervical glands Manual Skin Manual Ma	Age	NAME	r Ila	t Jail		Sex Male.
Height 5 tt. /// ins.  Weight 130 lbs.  Temperature 7.8 Vaccination lasses and today Cervical glands Monard Skin more of the pulse 7.2 Vision to any Skin more of the pulse of	Height 5 II. 1/1 ins. Weight 130 ibs.  Temperature 9.8° Vaccination languaged between 12 Vision 22 Vision	Tribe   Full	region	State Monta	aa	Sept 6 , 19/6
Height 5 tt. /// Ins. Weight 130 lbs.  Temperature 7.8 Vaccination Insecreted Latry Corvical glands Manual Skin Manual Inspection Manual Skin Manual Skin Manual Inspection Ma	Height 5 tt. 1/h ins.  Weight 130 lbs.  Temperature 9.8° Vaccination languaged between 12 Vision 22 Vision 23 Vision 22 Vision 22 Vision 22 Vision 23 Vision 22 Vision 23 Vision 24 Vision 24 Vision 24 Vision 25 Vision	Age	17 y	ears Respiration 18 Lev.	min Co	ondition of, Eyes
Weight 130 lbs.  Mensuration Exp. 31 Throat Manual Cervical glands Manual Exp. 31 Skin mornal Skin mornal Inspection Manual Palpation Manual Meart Manual Meart Manual Meart Manual Meart Manual Meart Manual Meart Manual Mother Doce not know a grad of the Mother Doce not know a grad Manual Mother	Weight 30 lbs. Mensuration Exp. 31 Throat Manimal Temperature 9.8 Vaccination languaged Lady Cervical glands Manimal Pube. 7.2 Vision Manimal Skin Manimal Palpation Manimal Percussion Manimal Percussion Manimal Man		1 11			1
Temperature 9.8. Vaccination Marina Lady Cervical glands Mormal Pulse 7.2. Vision Marina Skin Mormal Inspection Mormal Palpation Mormal  Auscultation Mormal  Heart Mormal  (Menstruation)  FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father 9.5. Mother One of the More good and the second of the secon	Temperature 98 Vaccination Assessment of they Cervical glands Month of Pulse 7.2 Vision 22 Misson Skin Month of Skin Month of Palpation Month of Percussion Month of P			Monguestion		
Inspection Manual Palpation Percussion Manual  Auscultation Manual  Heart Manual  (Menstruation)  FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father Does not knowly good.  Brothers. R. J.	Inspection Management  Palpation Management  Auscultation Management  Heart Management  (Menstruation)  FAMILY HISTORY.  LIVING CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father Mother One not through good 3 dead but does not be a great death. Or causing de Sisters.  Sisters 3 Description Death and a great death or causing de great death.  Personal history			Vaccination Vaccinates	d Colay	Cervical glands normal
Percussion marmal  Auscultation normal  Heart mormal  (Menstruation)  FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father Does not known good  Mother Does not known good  Brothers A. Joseph against death or cause of death.  Sisters 3. 12 Joseph against death or cause of death.	Percussion Marinal  Auscultation Marinal  Heart Marinal  (Menstruation)  FAMILY HISTORY.  LIVING, CONDITION OF HEALTH. DEAD, CAUSE OF DEATH.  Father Mother Dee not knowing good 3 death bout sages not knowing good.  Brothers S. J.	Pulse72		Vision Forma	e	Skin normal
Heart Monard  (Menstruation)  FAMILY HISTORY.  LIVING, CONDITION OF HEALTH. DEAD, CAUSE OF DEATH.  Father 47 good Mother Ooks not knowing good 3 dead but does not knowing good 3 dead but does not knowing good 3 death or causely de Sisters 3 good	Auscultation wormed  Heart Manual (Menstruation)  FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father Die not knowing good 3 death on causing to be stored to be seen to be se	Inspection	omal			100000000000000000000000000000000000000
Heart Mornal  (Menstruation)  FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father. Does not known good.  Brothers. S. J. Joseph against death an Cause of death.  Sisters. 3. 12 Joseph against death an Cause of death.	Heart Months FAMILY HISTORY.    LIVING CONDITION OF HEALTH DEAD CAUSE OF DEATH.   Father	Palpation	ormal			
Heart Mornal  (Menstruation)  FAMILY HISTORY.  LIVING, CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father. 47  Mother Ocles not knowly god 3 dead but does not knowly god 3 dead but does not knowly god 3 death or cause of death.  Sisters. 3  Company of the state of	Heart Month FAMILY HISTORY.    LIVING   CONDITION OF HEALTH   DEAD   CAUSE OF DEATH	Percussion	sormal.		**************	
Heart Mornal  (Menstruation)  FAMILY HISTORY.  LIVING, CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father. 47  Mother Ocles not knowly god 3 dead but does not knowly god 3 dead but does not knowly god 3 death or cause of death.  Sisters. 3  Company of the state of	Heart Month FAMILY HISTORY.    LIVING   CONDITION OF HEALTH   DEAD   CAUSE OF DEATH		*************			
(Menstruation)  FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father And Dole not knowing good 3 dead but does not known agas at death or caused of death.  Sisters 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.   Father	Auscultation?	iormal			
(Menstruation)  FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father And Dole not know a good 3 dead but does not know agas at death or caused of death.  Sisters 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father. HT good 3 dead but does not kn  Brothers S. Joseph agas at death ar caused of de  Sisters 3 Brothers S. Joseph Action States and Joseph Action S			***************************************		
Elving, Condition of Health, DEAD, CAUSE OF DEATH,  Father A7 900 Mother Dole not known good 3 dead but does not known growth ages at death or caused file.  Sisters 3 10 1000 Mother ages at death or caused file.	FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father	Heart	rmal			***************************************
Elving, Condition of Health, DEAD, CAUSE OF DEATH,  Father A7 900 Mother Dole not known good 3 dead but does not known growth ages at death or cause of death.  Brothers A 3 9000 Mother ages at death or cause of death of the sisters of the sister of the	FAMILY HISTORY.  LIVING. CONDITION OF HEALTH. DEAD. CAUSE OF DEATH.  Father	(Menstruation)	**************			
Father. 47. 900 Mother Dole not known 900 L Brothers. 8. 13. 900 L 3 dead but does not known ages at death or caused of de Sisters. 3. 12. 900 L	Father 900 17 900 Mother Does not knowing good 3 dead but does not knowing good 3 dead but does not knowing good against death or caused of de Sisters 3 12 9000 Personal history  Personal history  Present condition Dataspactory					
Mother Does not known good  Brothers 8 13 good 3 dead but does not kn  grand ages at death or caused of de  Sisters 3 12 good	Mother Doke not knowly good  Brothers S. Joseph 3 dead but does not kn  Brothers S. Joseph ages at death or Causes of de  Sisters 2 Joseph			FAMILY HISTORY		
Mother Does not known good  Brothers 8 13 good 3 dead but does not kn  grand ages at death or caused of de  Sisters 3 12 good	Mother Doke not knowly good  Brothers S. Joseph 3 dead but does not kn  Brothers S. Joseph ages at death or Causes of de  Sisters 2 Joseph		LIVING,	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER		CAUSE OF DEATH.
Brothers 9 13 960d 3 dead but does not kn ages at death or caused of de Sisters 3 12 3000d	Brothers 9 13 3 dead but does not kn  agas at death or causes of de  Sisters 3 12 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Father	LIVING.	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER		CAUSE OF DEATH.
Brothers ages at death or caused of de Sisters 3	Brothers		47	CONDITION OF HEALTH.		CAUSE OF DEATH.
2 3 d d	Personal history  Present condition Satisfactory  Present condition		47	CONDITION OF HEALTH.		
2734	Personal history  Present condition Satisfactory  Present condition	Mother	47	CONDITION OF HEALTH.		A but does not kn
Personal history	Present condition Satisfactory  P. 1. A. H. T.	Mother	47	CONDITION OF HEALTH.		A but does not kn
Personal history	Present condition Satisfactory  P. 1. A. H. T.	Mother	47	CONDITION OF HEALTH.		A but does not kn
	P. D. A. T.	Mother	47	CONDITION OF HEALTH.		A but does not kn
	P. D. A. T.	Mother	47 Ools not kn 13 3	CONDITION OF HEALTH.		A but does not kn
	P. D. A. T.	Mother	47 Ools not kn 13 3	CONDITION OF HEALTH.		A but does not kn
Present condition Satisfactory	Leslie & Stauffer, m. p.	Mother	47 Ools not kn 13 3	CONDITION OF HEALTH.		A but does not kn
	Leslie & Stauffer, M.D.	Mother	47 Over not kno 13 3 7	condition of Health.		A but does not kn
0 1/1-11	, M.D.	Mother	47 Over not kno 13 3 7	condition of Health.		A but does not kn
Losli A Stantler		Mother	47 Over not kno 13 3 7	condition of Health.		Lout does not kn Locath or caused of de
La la Atalla		Mother	47 Over not kno 13 3 7	condition of Health.		Lout does not kn Locath or caused of de

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,

NAI	1E_				_	-	-	A	GE			SE	X.			EN	T	R	IN	CE	E D	AT	EI	DISE	LASE	
问问	S	5						Т	EM	1PE	IR/	177	IRF	7					-	-	NY.	uo uo				
DATE	PULSE	RESP.	96	97	9	8	95	-	100		101	-	102		103	10	14	10	05	106	TIMEOF	Vrination	SYMPTOM	S	TREATMENT	REMARKS
												H	4				H	H	H	H	M		4	4-		
													-							H	M					
																	+				М			11		
																			П		M					
																				1	M					
														H		$\blacksquare$					M					1
																	H				M					A 30
												$\square$					H				n					
																					M					
																					M					
												H					#			H	M			1		
														$\parallel$		$\parallel$					M					
													1	#			Ħ				M			+ -		
						$\square$								#			Ħ				M		Y	11		
												#			H						M					
							H														N		6	-		
						$\Box$		H						#							M			2077		
				#			Ħ				#										M			11 0		
											#										M		T.			
						Hi	$\parallel$					Ħ									M		Ÿ			
																					M					
																					M					
											#										M				*	
											#					Ħ					M					
											1					H					M			7/		
														1		Ш					E M					
					Ш						-			_							E					
											_										E E					
						Hi	H				T								1		М	H				
			96	97	9	8 8	9.	9	100	0	101		102		103	1	04		105	106	M	H				

690

July 10, 1917.

July 10, 1917.

Mr. Thomas Ferris Superintendent Blackfeet Agency Browning, Montana.

Mr. Thomas Perris SuperintendenBlackfeet

Dear Sir:-

I have the following report from the school physician regarding the health condition of John Flat Tail one of the boys from your jumisdiction,

Tuberculosis in a very active form and would reccomend that he be either sent home or to the sanatorium at Toledo, Iowa.

John was sent to one of our outing homes last May where he was until July 5th when Mr. Dickey the field agent returned him to the school. He had a slight cough when he went out but it was thought the change might benefit him. He did not improve however, in fact, he seems to have failed considerably. The doctor thought he would better remain here in the hospital for a few days under treatment and observation.

cation with his parents and wire me what to do in his case.

Very truly yours

Superintendent.

## UNITED STATES INDIAN SERVICE

Carlisle Penna.

July 6, 1917.

Mr. John Francis Jr, Supt.

Dear Sir:-

I hereby report John Flattail to have Tuberculesis in a very active form, and weuld recommend that he be either sent home or to the sanatorium at Toledo, Iowa.

Respectfully

Edward G. Menger, Physician.

#### CERTIFICATE OF PROMOTION

	May 24, 1917	, 191
This certifies thatJohn	n Flattail	7
	(Name of student.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
has made the following record in	Carlisle Indian School (Name of school.)	
SUBJECTS—ACADEMIC AND VOCATIONAL.	GRADE.	RATING.
English	111	69
Arithmetic		55
		***************************************
		**************
	**************************************	****************
$\frac{1}{\sqrt{2}}$	777777777	927000000000000000000000000000000000000
		***************
		************
		*****************
***************************************		************
	***************************************	************
Effort		
Deportment		
DETAILS SERVED.	LENGTH OF TIME IN EACH.	RATING.
General Work	7	80
and XXX is not eligible to pursue work in the	Four th grade, a	cademic; and
(Cancel one.)	g	icauemic, and
grade	or year vocational.	20
( )	0 11/9	// !
Jam Juanua	for lund	all
6-1659	Serintendent.	Principal.

# CERTIFICATE OF PROMOTION

		May 64	191
This certifies thatJol	n Flattail		
	120 202 20	of student.)	
has made the following record in	nerriere 1	(Name of school.)	•
Subjects—Academic and Vocational.		GRADE.	RATING.
English		111	69
Amé aboundé a		nasidiffications.	55
AFI thme tic		2000-0100000000000000000000000000000000	
			*************
			***************************************
***************************************			****************
			***************************************
	H	************	***************************************
		************	(RAPPEREZONACA ERRAZIO)
		*	***************************************
			***************************************
Effort			
Deportment			
DETAILS SERVED.	LENGTH OF TIM	IE IN EACH.	RATING.
General Work			80
			***************************************
	***************************************		***************************************
	*****		****
	***************************************		***************************************
			***************************************
			***************************************
and is is not eligible to pursue work in the	reFour	c th	grade, academic; and
(Cancel one.)			
grad	e or year vocations	11.	
			D. J. J. J.
6-4659	uperintendent.		Principal.

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	NL
If none of these thre	a cymbolo

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

# WESTERNUNION TELEGRAM

GEORGE W. E. ATKINS, FIRST VICE-PRESIDENT

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	NL

If none of these three symbols appears after the check (number of words) this is a day message. Other wise its character is indicated by the symbol appearing after the check.

RECEIVED AT

130 West High

1G S 12 GOVT NITE

BROWNING MONT JUL 16TH 1917

FRANCIS SUPT

CARLISLE PA.

FLATTAIL REQUESTS RETURN OF SON TO BROWNING

NEWCOMB CARLTON PRESIDENT

FERRIS

839AM JUL 17TH 9917

690

5-192a

# BRIEF.

APPLICATION OF
Vhilips O'lat lais
FOR THE ENROLLMENT OF
John Plac tack
IN THE INDIAN SCHOOL AN
Carlisle Venn
NAME ON AGENCY FROM WHICH PUPIL CAME:
/ Hackreit
Seat 1 (
Date of enrollment,
Term of enrollment, The ( ) years.
Carlotte Company
NAME OF PERSON ARRANGING FOR THE TRANSFER:
Position,
6: 270

# APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration	of the Gover	rnment of th			he care, education,
and maintenance in the Unite	ed States Ind	ian School at	Car	lerle,	Verm
of John Flat & (Name of child.)  Piegan (Tribe.)	ai,	) ; E	age //; date	of birth	899;
NAME OF FATHER. (Both Indian and English.)	Living or DEAD.	TRIBE		BAND.	DEGREE OF INDIAN BLOOD.
Thieip Platelas	12	Teige			Fuee
innie Haetael	2	Viego	u		Tues
I, Parent, guardian, or enrollment in said school for all the rules and regulations  The said child has been en	a period of for Indian sc	(Not less than 3.) hools.	years, and		d agree to
NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSI	E.	GRADE.
Holy Family Miss	un 190 <b>8</b>	1915	Hod a	rae	Third
2.			house le	12-	
4.			did us	<i>y h</i>	
		Ch.	lip I lo	Lack	)

#### PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find his 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 except trackona.  This day of September, 1916
Physician at Blackfeet 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
I recommend the transfer of the said child.  This day of day of the said child.
la / Elli s
Agent or Superintendent.
CERTIFICATE OF SCHOOL PHYSICIAN.
I hereby certify that on
I therefore recommend that the said child be enrolled in this school.  This day of, 191
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 reservation school records. The reservation superintendent should 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.

6-870

#### 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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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.

CARLISLE INDIAN INDUSTRIAL SCHOOL TIVE AND HISTORICAL RECORD OF STUDENT Blackfeet PARENTS LIVING OR DEAD MOTHER Months in school perore warliste. Le.O Frade entered at Carlisle, ..... Frade at date of Discharge, ..... Frade or Industry, ..... hurch Catholic