

BRIEF.

APPLICATION OF

Wallace Hanks,

FOR ~~THE~~ ENROLLMENT ~~OF~~

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

White Earth Agency, Minn.

Date of enrollment, _____, 190

Term of enrollment, _____ (_____) 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 Wallace Hanks, Male; date of birth July 16, 1892;
(Name of child.) (Sex.)
Chippewa
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Henry Hanks.</u>				
<u>Not known.</u>	<u>Dead.</u>	<u>Chippewa.</u>	<u>Mississippi.</u>	<u>Full.</u>
NAME OF MOTHER.				
<u>Susan Ray.</u>				
<u>Not known.</u>	<u>Living.</u>	<u>"</u>	<u>"</u>	<u>"</u>

I, Wallace Hanks, do hereby voluntarily consent and agree to my
(Parent, guardian, or next of kin.)
enrollment in said school for a period of Three years, and also obligate myself to abide by
(Not less than 3.)
all the rules and regulations for Indian schools.

Three
The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Handrean S. Dak.</u>	<u>1904</u>	<u>1907</u>	<u>Time expired</u>	<u>2d.</u>
2. <u>White Earth</u>	<u>1908</u>	<u>1910.</u>	<u>Close of Schl.</u>	<u>4th</u>
3.				
4.				

Wallace Hanks
(Parent, guardian, or next of kin.) Applicant.

P. O. address: _____
White Earth Agency, Minn.

Two witnesses:

Blauche Hickman
Anna Belleville

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 11th day of August, 1900

trachoma, mild form

Paul Richard

Physician at White Earth 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 applicant was voluntary, and I recommend the transfer of the said child.
(Parent, guardian, or next of kin.)

This 11th day of August, 1900

John R Howard
Supt. & Sp. Disb. Act.
Agent or Superintendent.

CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on _____, I made a careful examination of the physical condition of _____, 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 _____, 1900

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.

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER <i>4324</i> <i>6124</i>	ENGLISH NAME <i>Wallace Hanks</i>	AGENCY <i>White Earth</i>	NATION <i>Chippewa</i>				
BAND <i>Mississippi</i>	INDIAN NAME	HOME ADDRESS <i>White Earth Agency, Minn.</i>					
PARENTS LIVING OR DEAD <i>F. - Dead.</i>	BLOOD <i>Full</i>	AGE <i>18</i>	HEIGHT <i>5' 8"</i>	WEIGHT <i>140</i>	FORCED INSP. <i>35 1/2</i>	FORCED EXPR. <i>32 1/2</i>	SEX <i>M.</i>
FATHER, <i>Dead</i>	MOTHER, <i>Susan Roy</i>	DATE DISCHARGED <i>June 29, 1912</i>		CAUSE OF DISCHARGE <i>Poor health.</i>			
ARRIVED AT SCHOOL <i>Sept. 8, 1910</i>	FOR WHAT PERIOD <i>Three years</i>						
TO COUNTRY <i>4-28-11</i> <i>8-9-11</i>	PATRON'S NAME AND ADDRESS <i>Benj. Green, Knoxville, Pa.</i> <i>Mt. Airy</i>	FROM COUNTRY <i>7-6-11</i>					

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before 54

Grade entered at Carlisle, 4

Grade at date of Discharge,

Trade or Industry,.....

Episcopal

Miles to school - 5

763

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Wallace Hanks DATE 9/9 1908AGE 18 YEARS { NEW RETURNED } STUDENT. TRIBE Chippewa STATE MinnesotaDEGREE OF INDIAN BLOOD pureINSPECTION good developmentPALPATION normalPERCUSSION normalAUSCULTATION { RESONANCE normal{ RESP. MURMUR normalHEART SOUNDS normalMENSURATION { INSP. 35 1/2 RESPIRATION Thor PULSE hor.{ EXP. 22 1/2TEMPERATURE hor. degs. HEIGHT 5 FT. 8 IN. WEIGHT 140 LBS.VISION hor. VACCINATION good scar

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			<u>no</u>	<u>?</u>
MOTHER	<u>yes</u>	<u>good</u>		
BROTHERS { <u>0</u>			<u>0</u>	
SISTERS { <u>2</u>	<u>yes</u> <u>yes</u>	<u>good</u> <u>?</u>		

PERSONAL HISTORY:

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:	CONDITION:
April 19. 1911	O. K.

Department of the Interior.

Mr. M. FriedmanSupt. U. S. Indian SchoolCarlislePennsylvania

6-3305

Name

bm-763
8-3174
Wallace Hawks

(Please give name by which enrolled and also present or married name.)

Tribe

Chippewa

Present Address

White Earth, Minn.

Former Address

" " "

(Address from which we heard from you last.)

Present Occupation

at Home.

Remarks:

I am getting along fine and often think of Carlisle.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Benny Green Hersville*

Pupil's name *Wallace Sampson*

General health of the pupil *not so good when he left*

Has pupil been ill the past two months? *no.*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *he cough some*

For how long has he had it? *four two weeks*

Give the pupil's weight *136 lbs*

Has the pupil any trouble with the eyes? *no.*

Are the eyelids inflamed? *some times*

Remarks: *you will find that*

Mrs Henry received the

Money coming two the boy.

four the week of July with

was 3.50 Hollis and a half.

she write me a receipt four the same

hoping you will have a good boy four me
in the near future Benny Green

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address *Benj Green Kersville Pa*

Pupil's name *Wallace Hanks*

General health of the pupil *Good*

Has pupil been ill the past two months? *No.*

Name of disease

Name and address of the physician in attendance *None*

Does the pupil have a cough? *No.*

For how long has he had it?

Give the pupil's weight *145*

Has the pupil any trouble with the eyes? *Yes.*

Are the eyelids inflamed? *No.*

Remarks: *He has had a blister in his eye but it is getting better. Mr. Friedman the boy should have a pair of shoes soon*

PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with the outing report for the month.

Patron's name and address..... *Benj Green Kersville Pa*

Pupil's name..... *Wallace Hanks*

General health of the pupil..... *Good Health*

Has pupil been ill the past two months?..... *No.*

Name of disease.....

Name and address of the physician in attendance.....

Does the pupil have a cough?..... *No.*

For how long has he had it?.....

Give the pupil's weight..... *138.*

Has the pupil any trouble with the eyes?..... *No.*

Are the eyelids inflamed?.....

Remarks:.....

OUTING RECORD — CARLISLE INDUSTRIAL SCHOOL

763

Name of Student

Wallace Hanks

Home Address

White Earth, Minn.

Tribe

Chippewa

Age at Entrance

18

Date of Entrance

9-8-'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

Benj. Green

Locality

Days in School

Address

Herrsville, Pa.

R. R. Station

Conduct

Recommended by

Grade in School

Ability

Grade of Home

Church

Health

Date of Outing

4-28-'11

Date Returned

7-6-'11

Wages

Earnings

ly ly

ly ly

ly ly

12.19.75

ly

ly

ly

3.50

Hanks. Wallace 3174 Ex-stw.

Mother's file - Mrs. Susan Roy

6082

Correspondence

6451

NAME.

Wallace Hanks

TRIBE.

Chippewa

PARENT OR GUARDIAN.

Susan Roy

DATE ENROLLED.

Sept. 8, 1910

TERM.

Three years

AGE.

18

HOME ADDRESS

Susan
White Earth, Minn.

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. 11
July '116
7V. g
V. gC
V. g

Print

7

L.

9

V. g

3174

Wallace Banks

PRESENT NAME