

354.

**BRIEF.**

Application of

*Dallie Allison*

FOR THE ENROLLMENT OF

*Lafayette Allison*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

NAME OF AGENCY FROM WHICH PUPIL CAME:

*Blackfoot Agency Mont.*

Date of enrollment, *December 8<sup>th</sup>*, 190*8*

Term of enrollment, *Five* ( *5* ) 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 Sage Allison ; male ; date of birth Oct. 21, 1893 ;  
(Name of child.) (Sex.)  
Peyan  
(Tribe.)

NAME OF FATHER. (Both Indian and English.)	Living or Dead.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>A E Allison</u>	<u>living</u>	<u>white</u>		
NAME OF MOTHER.				
<u>Sallie Allison</u>	<u>living</u>	<u>Peyan</u>		<u>1/2</u>

I, Sallie Allison, do hereby voluntarily consent and agree to enrollment in said school for a period of five years, and also obligate myself to abide by all the rules and regulations for Indian schools.  
(Not less than 3.)

The said child has been enrolled in the following schools:

NAME OF SCHOOL.	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE.	GRADE.
1. <u>Holy Family</u>	<u>1902</u>			<u>7th</u>
2. <u>Public School</u>				
3.				
4.				

Sallie Allison  
(Parent, guardian, or next of kin.)

P. O. address: Box Bank

Two witnesses:

W. S. Allen  
Richard Vanderville

Montana Titon Co.,



## 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 8<sup>th</sup> day of December, 1908

Examined by Dr. C. H. Dewey

Physician at BLACKFEET AGENCY  
BROWNING, MONT. 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 Sallie Allen  
(Parent, guardian, or next of kin.)  
was voluntary, and I recommend the transfer of said child.

This 8<sup>th</sup> day of December, 1908

C. H. Churchill  
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 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.

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





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**BRIEF.**

**Application of**

*Lafe Allison*

FOR THE ENROLLMENT OF

*Self*

IN THE INDIAN SCHOOL AT

**Carlisle, Pennsylvania**

POST OFFICE ADDRESS OF APPLICANT:

*Browning Ag'y.*

Date of enrollment, *Dec. 21*, 190*8*

Term of enrollment, *Three* (*3*) years



(For a child not enrolled at an Agency.)



## Certificate of Physician.

I, \_\_\_\_\_, a practicing physician of \_\_\_\_\_  
\_\_\_\_\_, do hereby certify that I have carefully examined \_\_\_\_\_,  
the child named in this application, and find that \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_, M. D.

## Vouchers of Disinterested Persons.

### VOUCHER NO. 1.

I, \_\_\_\_\_, a \_\_\_\_\_, of  
(Business, calling, or profession.)  
\_\_\_\_\_, do hereby certify that I am personally acquainted with  
\_\_\_\_\_ who makes the foregoing application; that I believe his state-  
ments therein are true; that I am acquainted with \_\_\_\_\_; that  
(Name of Child.)  
he is known and recognized in the community in which he lives as an Indian; that in my opinion  
he can not receive proper and adequate schooling at home for the reason that \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_

### VOUCHER NO. 2.

I, \_\_\_\_\_, a \_\_\_\_\_, of  
(Business, calling, or profession.)  
\_\_\_\_\_, do hereby certify that I am personally acquainted with  
\_\_\_\_\_, who makes the foregoing application; that I believe his state-  
ments therein are true; that I am acquainted with \_\_\_\_\_; that  
(Name of child.)  
he is known and recognized in the community in which he lives as an Indian; and that in my opinion  
he cannot receive proper and adequate schooling at home for the reason that \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 190\_\_\_\_\_



## 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.*

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### 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.

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## PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Allison, Lape DATE 12/21 1908AGE 15 YEARS { NEW RETURNED } STUDENT. TRIBE Pilgarn STATE Mont.

DEGREE OF INDIAN BLOOD.....

INSPECTION Round shouldered. Chest flat.PALPATION NormalPERCUSSION Slight elevation in tone right apex.AUSCULTATION { RESONANCE.....  
RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 32 3/4  
EXP. 29 3/4 RESPIRATION 18 PULSE 80TEMPERATURE 98.4 degs. HEIGHT 5 FT 1 1/4 IN. WEIGHT 111 LBS.VISION 10/10 VACCINATION None 12/23/08

## FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....	<u>Yes</u>	<u>good</u>		
MOTHER.....	<u>Yes</u>	<u>good</u>		
BROTHERS {	<u>4</u>	<u>good</u>		
SISTERS {	<u>1</u>	<u>good</u>	<u>2</u>	<u>1 Blood poisoning</u> <u>1 Pneumonia</u>

PERSONAL HISTORY:

Good health. Has hadcough at present.

REMARKS:



HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:



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Name Allison, Lafe,

Age 20

Deg. Ind. blood 1/2

Address Browning, Montana.

Information from Himself.

Date 4/29/12. 191

State Montana Agency Browning

Tribe Blackfeet

POSITIONS FOR WHICH LISTED. SUITABILITY IN ORDER NAMED.

- |            |    |
|------------|----|
| 1. Painter | 2. |
| 3.         | 4. |

Remarks: Employed for himself in Denver, Colorado.



Lafe Allison, an ex-student of  
Carlisle, and a member of the fresh-  
man class, is making good out in  
Oklahoma.

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# TRADE RECORD, CARLISLE.

Jan. 1, 19 10 to June 30, 19 10.

PUPIL Loft Allison

TRADE Blacksmith

ABILITY Poor

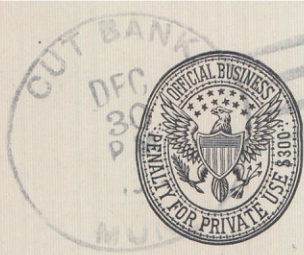
CONDUCT "

REMARKS

INSTRUCTOR W. Shambaugh



## Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

3343 Cut Bank, Mont. 191

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

Tribe Piegans

Present Address Cut Bank Mont.

Former Address Benning Mont.  
(Address from which we heard from you last.)

Present Occupation Going into High School

Remarks: Second year in High School and playing basket ball with H. S. team. Wishing the school a Merry Xmas and Happy New Year, I am sincerely yours.



PARENT OR GUARDIAN.

*Lyle Allison*  
DATE ENROLLED. TERM

Piegarn AGE.

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

Dec. 20, 1908

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[illegible]



Dafe Allison



Allison, Lafe

Ex-stu.

Mother - (Mrs. Lallie Allison) & father

Agents file

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