

354.

BRIEF.

Application of

Dalie Allison

FOR THE ENROLLMENT OF

Lafe Allison

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Blackfoot Agency Mont.

Date of enrollment, *December 8th 1908*

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 Sallie Allison ; male ; date of birth Oct. 31, 1893 ;
 (Name of child.) (Sex.)
Pagan .
 (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>Pagan</u>	<u>and</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 (Not less than 3.) 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. <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:

Cut Bank
Montana U.S.A.

Two witnesses,

A. S. Allen
Richard Sanderville

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 8th day of December, 1908
Examined by Dr. C. H. Shewey
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 8th 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.



~~354~~

3343.

BRIEF.

Application of

Leffe Allison

FOR THE ENROLLMENT OF

Self

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Browning Aq'y.

Date of enrollment, *Dec. 20*, 1908

Term of enrollment, *Three* (3) years

THE OFFICE

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 Lafe Allison, Male, I, Lafe Allison (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Browning P. O., State of Mont., do hereby voluntarily consent and agree to my enrollment in said school for a period of 3 years, and also obligate (Not less than 3.) and bind myself to abide by all the rules and regulations for Indian schools.

I further say that the said child was born at Old Ag'y. on Oct. 21, 1893 (Date.) that the father, A. E. Allison, a white Indian of the (Name of father.) (Is or was (Degree.))

Tribe located at Browning Agency; that he left the tribe about _____ (Approximate date.)

that the mother, Sarah Allison, a 1/2 Indian of the Piegans (Name.) (Is or was (Degree.))

Tribe located at Browning Agency, and left the tribe about Never left (Approximate date.) 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>Cut Bank</u> <u>Mission</u>	<u>Cut Bank</u> <u>Family</u>	<u>about 4 yrs</u>	<u>" 3 mos.</u>		<u>7th</u> <u>1st</u>

This 11 day of Feb., 1909

Two witnesses:

Edmund W. Petrie

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

Wm. T. Miller

P. O., Cut Bank,

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

(Signature of applicant.)

(Parent, guardian, or next of kin.)

Sworn to and subscribed before me this _____ day of _____, 1909

(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.)



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 statements 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 statements 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.

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.

3343 PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Allison, Lape DATE 12/21 1908

AGE 15 YEARS { NEW RETURNED STUDENT. TRIBE Pilgrim STATE Mont.

DEGREE OF INDIAN BLOOD

INSPECTION Round shouldered. Chest flat

PALPATION Normal

PERCUSSION Slight elevation in tone right apex.

AUSCULTATION { RESONANCE.
{ RESP. MURMUR Normal

HEART SOUNDS

MENSURATION { INSPI. 32 $\frac{3}{4}$
{ EXP. 29 $\frac{3}{4}$ RESPIRATION 18 PULSE 80TEMPERATURE 98 $\frac{4}{5}$ degs. HEIGHT 5 FT 1 $\frac{1}{4}$ IN. WEIGHT 111 LBS.
VISION 1 $\frac{1}{10}$ VACCINATION Done 1 $\frac{1}{2}$ 3/08

FAMILY HISTORY:

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

PERSONAL HISTORY: Good health. Has bad cough at present.

REMARKS:

HOSPITAL RECORD

EXAMINATION FOR OUTING:

DATES:

CONDITIONS:

3343

Name Allison, Lafe, Age 20 Deg. Ind. blood $\frac{1}{2}$
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. 3343

TRADE RECORD, CARLISLE.

Jan. 1, 1910 to June 30, 1910.

PUPIL

Lafe Allison

TRADE

Blacksmith

ABILITY

Poor

CONDUCT

"

REMARKS

W. Shambaugh

INSTRUCTOR

Department of the Interior.

*Mr. M. Friedman**Supt. U. S. Indian School**Carlisle**Pennsylvania*

6-3305

3343

Cut Bank, Mont.

191

Name

Safe Allison

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

Tribe

Oneida

Present Address

Cut Bank, Mont.

Former Address

Wyoming, Mont.

(Address from which we heard from you last.)

Present Occupation

Going to High Sch.

Remarks:

*Second year in High School
and playing basket ball with U. S. team
Wishing the school many years and
Happy New Year, I am sincerely yours*

NAME.

33 43

TRIBE

PARENT OR GUARDIAN

Cafe Allison
DATE ENROLLED. TERM

Piegans | AGE.

AGE

HOME ADDRESS

DATE ENROLLED.

TERM.

HC

Dec. 20, 1908

16

3343 REPORT AFTER LEAVING CARLISLE

NAME AT CARLISLE

Lafe Allison.

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
9/13	Self	Cut Bank, Mont.	Student in High School.		

Allison, Lake

Ex-stu.

Mother - (Mrs. Dallis Allison) & father

5-

Agents file

655-

3343