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3372

BRIEF.

Application of

Ed. W. Peters

FOR THE ENROLLMENT OF

Samuel Dagg

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Mt. Pleasant, 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, Deer, of Samuel Dagg, male, I, Ed. W. Peters, of W. Pleasant P. O., State of Mich, do hereby voluntarily consent and agree to his 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.

I further say that the said child was born at Deer on Jan 11 1893 that the father, Samuel Dagg, living a No Indian of the _____, Tribe located at _____ Agency; that he left the tribe about _____; that the mother, Julia Dagg, living a 1/2 Indian of the Chippewa Tribe located at Isabella Agency, and left the tribe about thirty years ago; 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>Indian School</u>	<u>W. Pleasant</u>	<u>1900</u>	<u>1905</u>	<u>Ex. Pivation of time</u>	

This 14 day of August, 1904

Two witnesses:

Mrs. E. W. Peters

E. W. Peters
(Parent, guardian, or next of kin.)

P. O., _____

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

Samuel Dagg E. W. Peters
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 18 day of August, 1904

Katherine A. Fraser
notary Public, Indian Territory
my commission expires
Nov. 4, 1902

(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, Chas. M. Cassmille, a practicing physician of Mr Pleasant
Mich, do hereby certify that I have carefully examined Samuel Dagg
the child named in this application, and find that he 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 17 day of Aug, 1909 Cassmille, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, Mrs Jackson, a Cook, of
Mr Pleasant Mich (Business, calling, or profession.) do hereby certify that I am personally acquainted with
Samuel Dagg who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Samuel Dagg; 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 he works out
and must pay his board being away
from place to place.
This 14 day of August, 1909
Mrs Julia Jackson

VOUCHER No. 2.

I, Peter McMahon, a Farmer, of
Isabel Co (Business, calling, or profession.) do hereby certify that I am personally acquainted with
Samuel Dagg, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with Samuel Dagg; 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 he works
for his living and has no time to go
to school.
This 14 day of August, 1909
Peter McMahon

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.

CARLISLE INDIAN INDUSTRIAL SCHOOL
 DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

3372

NUMBER 5086	ENGLISH NAME Sam'l. Dagg.	AGENCY Isabella	NATION Chippewa					
BAND	INDIAN NAME	HOME ADDRESS Ed St. Peters, Mt Pleasant, Mich.						
PARENTS LIVING OR DEAD FATHER, <i>Dagg.</i>	MOTHER, <i>L</i>	BLOOD <i>1/2</i>	AGE 16	HEIGHT 5' 6 1/2"	WEIGHT 115 3/4	FORCED INSP. 30"	FORCED EPXR. 33"	SEX. M.
ARRIVED AT SCHOOL <i>Aug. 30, 1909.</i>	FOR WHAT PERIOD <i>Five years.</i>	DATE DISCHARGED <i>Jan. 23, 1911</i>	CAUSE OF DISCHARGE <i>Deserter</i>					
TO COUNTRY <i>9-13-09</i>	PATRONS NAME AND ADDRESS <i>Ran fr. sch.</i>	FROM COUNTRY						

THE SHAW-WALKER CO., WUREGLN. 79104

Months in school before Carlisle,
5 yrs. at mt Pleasant 1900-05
 Grade entered at Carlisle, *3rd*.....
 Grade at date of Discharge,
 Trade or Industry,
 Church, *meth.*.....
*Mother left the tribe
 about 30 years ago.
 Miles to sch.*

3372

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Wagg, Samuel DATE Aug 31, 1909

AGE 16 YEARS } NEW RETURNED } STUDENT. TRIBE Chippewa STATE Mich.

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Fair development. Scapulae prominent

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 33 1/2 RESPIRATION 20 PULSE 76
EXP. 30 1/2

TEMPERATURE 98 degs. HEIGHT 5 FT. 6 1/4 IN. WEIGHT 115 3/4 LBS.

VISION 10/10 VACCINATION Good scar 1905

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	yes	Good		
MOTHER	yes	Good		
BROTHERS	2	Good		
SISTERS	2	Good		

PERSONAL HISTORY: Had the measles in 1905.

REMARKS:

3372

NAME.

Sam'l. Dagg

TRIBE.

Chippewa

PARENT OR GUARDIAN.

Ed. H. Peters

DATE ENROLLED.

Oct. 30, 1909

TERM.

5 yrs.

AGE.

16

HOME ADDRESS

Mt. Pleasant, Mich.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM NO.	ACADEMIC DEPARTMENT.		INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct	
Jan. '10	No record		Tailor	Good	Good		Good	Good			

Dagg, Samuel, 3372 Ex-stu.
Guardian's file 2268
Father's file 2711

487

Ex-stu. 3372
Dagg, Samuel

