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BRIEF.

Application of

Margaret Feeder

FOR THE ENROLLMENT OF

Roy Feeder

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Leeds, N.D.

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 Pa, of Roy Feeder, (Name of child.) I, Margaret Feeder (Parent, guardian, or next of kin.) of Leeds P. O., State of N. D., do hereby voluntarily consent and agree to Roy's 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 Leeds on 1893 (Date.) that the father, David Feeder (Name of father.) a no Indian of the Tribe located at _____ Agency; that he left the tribe about _____ (Approximate date.) that the mother, Margaret Feeder (Name.) a 1/8 Indian of the Chippewa Tribe located at Don't know Agency, and left the tribe about _____ (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>Leeds High School</u>	<u>Leeds</u>	<u>1900</u>	<u>None</u>	<u>none</u>	<u>7th</u>

This 29th day of Sept., 1908

Two witnesses: M. M. Gordon Mrs. Margaret Feeder (Parent, guardian, or next of kin.)

J. H. Coomes

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, Margaret Feeder, do hereby swear that the statements made in the above application are true.

Margaret Feeder
(Signature of applicant.) (Parent, guardian, or next of kin.)

Sworn to and subscribed before me this 9 day of October, 1908



Geo. H. Neppstad
Notary Public
Benson, D., No Dak.

(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.)

My commission expires Oct 5th 1909

Certificate of Physician.

I, A. B. Lund, a practicing physician of Leeds - N. Dak.

do hereby certify that I have carefully examined
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 29 day of Sept., 1908 A. B. Lund, 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.

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.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

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NAME OF PUPIL Feeder, Roy DATE 12/14 1908

AGE 15 YEARS } NEW } STUDENT. TRIBE Chippewa STATE N. Dak.

DEGREE OF INDIAN BLOOD.....

INSPECTION Fair development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE.....
 { RESP. MURMUR Few rales in upper chest.

HEART SOUNDS.....

MENSURATION { INSP. 30 1/2 RESPIRATION 12 PULSE 72
 { EXP. 26 1/2

TEMPERATURE Norm degs. HEIGHT 5 FT 7 1/4 IN. WEIGHT 88 1/2 LBS.

VISION 10/10 VACCINATION good. Rev. 172708

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER			yes	pneumonia
MOTHER	yes	good		
BROTHERS	{ 1	{ good		
SISTERS	{ 2	{ good	1	pneumonia

PERSONAL HISTORY: Subject to attacks of asthma
5 yrs. duration.

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

April 5, 1909

CONDITIONS:

good

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NAME. Roy Feeder

TRIBE. Chippewa

PARENT OR GUARDIAN

DATE ENROLLED. Oct 3, 1908.

TERM. Five Years

AGE. 14

HOME ADDRESS. Marg. Feeder, Leeds, N. D.

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. '09
 July '09
 June '10

6	Good	V. Good

Ord.	Ex	Ex
Gen.	V. Gd	V. Gd

20	Ex	Ex
	"	"

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Home

Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

NAME Ray E. Feeder Leeds, N. Dak. 1911.

1. Are you married and if so to whom? No

2. What is your present address? Leeds, N. Dak.

3. Did you attend or graduate from any other schools after leaving Carlisle? Yes Give names of schools and dates if possible graduated from the Leeds High School June 2, 1911.

4. What is your present occupation? Living at home

5. Tell something of your present home. A good home with my mother.

6. What property in the way of land, stock, buildings, or money do you have? None

7. Have you been in the Indian Service? In what positions? How long in each? No

8. What other positions have you held since leaving Carlisle? *working in store*

9. Tell me anything else of interest connected with your life: *nothing special been attending school*

Feeder, Roy
Mother's file

Ex-stu. 3326

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