

Mr. Keig. Frank. 3410

Ex-stu.

Correspondence	2871
Agent's file	612
Enrollment (Robt. Holster's file)	2814

632

3410.

BRIEF.

Application of

FOR THE ENROLLMENT OF

Frank McKie

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Date of enrollment, _____, 19.....

Term of enrollment, *Five* (*5*) years

Application for Enrollment in a Non-reservation 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 Frank McKey ; M ; date of birth 1889
(Name of Child) (Sex)
Chipp
(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>P J McKey</u>	<u>L</u>	<u>White</u>		
NAME OF MOTHER				
<u>Anna McKey</u>	<u>L</u>	<u>Chipp</u>	<u>Ac RL 1 mis</u>	<u>1/4</u>

I, Frank McKey, do hereby voluntarily consent and agree to my 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>Yonnis</u>	<u>1902</u>	<u>1908</u>	<u>Term expired</u>	<u>5th</u>
2.				
3.				
4.				

Frank McKey
(Parent, guardian, or next of kin)

P. O. address: _____

Two Witnesses: _____

Ogema M

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find her 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 17th day of Dec, 1909

Polk Richards

Physician at Wich Falls Agency.

CERTIFICATE OF AGENT OR 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 Frank McKinley
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 17th day of Dec, 1909

John R. Howard

Agent or Superintendent.

SPECIAL NOTE.

This form must be executed in duplicate when a child is transferred from a reservation to a non-reservation 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 is living, and if neither of them is 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 employe 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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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6055	ENGLISH NAME Frank McKieg	AGENCY St. Earth	NATION Chippewa						
BAND Miss.	INDIAN NAME	HOME ADDRESS (Father) P. J. McKieg, Ponsford, Minn.							
PARENTS LIVING OR DEAD Anne McKieg	FATHER, L	MOTHER, L	BLOOD 1/8	AGE 20	HEIGHT 5' 4"	WEIGHT 160	FORCED INSP. 38	FORCED EPXR. 35	SEX. M.
ARRIVED AT SCHOOL Dec. 25, 1909	FOR WHAT PERIOD Five years	DATE DISCHARGED Jan. 23, 1911	CAUSE OF DISCHARGE Deserter						
TO COUNTRY 5-20-'10	PATRONS NAME AND ADDRESS Ran from school		FROM COUNTRY						

THE SHAW-WALKER CO., MUSKEGON, 79104

Months in school before Carlisle, 8th Gr.
 Morris - '02 - '08

Grade entered at Carlisle, 7th.....

Grade at date of Discharge,.....

Trade or Industry,.....

Church, Bath.....

miles to sch.

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PHYSICAL RECORD, CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Mc King-Trank, DATE 12/28 1909

AGE 20 YEARS { NEW / RETURNED } STUDENT. TRIBE Chipp. STATE Minn

DEGREE OF INDIAN BLOOD 1/4

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 38 RESPIRATION 16 PULSE 88
EXP. 35

TEMPERATURE 98. degs. HEIGHT 5 FT. 7 IN. WEIGHT 160. LBS.

VISION 10/10 VACCINATION Goodscar '05

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER	<u> </u>	<u>not very well</u>		
BROTHERS {	<u>6</u>	<u>good</u>	<u>6</u>	<u>?</u>
SISTERS {	<u>3</u>	<u>good</u>	<u>1</u>	<u>?</u>

PERSONAL HISTORY:
Always in good health.

REMARKS:

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NAME. *Frank McKieg* TRIBE. *Chippewa* PARENT OR GUARDIAN. *P. J. McKieg, Ponsford, Minn.*
 DATE ENROLLED. *Dec. 25, 1909.* TERM. *Five years.* AGE. *20* HOME ADDRESS *Father*

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct.	Ability.	Conduct.	

<i>June '10</i>	<i>11</i>	<i>Good</i>	<i>Ex.</i>		<i>G.</i>	<i>G.</i>	<i>209</i>	<i>G.</i>	<i>G.</i>			
<i>July '10</i>	<i>11</i>	<i>Good</i>	<i>Ex.</i>					<i>"</i>	<i>Fair</i>			