

711- 3433

5-192

BRIEF.

APPLICATION OF

Joseph Peters

FOR THE ENROLLMENT OF

Lee Otto

IN THE INDIAN SCHOOL AT

Carlisle, Penna

POST-OFFICE ADDRESS OF APPLICANT:

Pincunning, Mich.

Date of enrollment, _____, 190

Term of enrollment, Five (5) years.

NAME OF COLLECTING AGENT:

Position, _____

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 Waplesville Pa, of See Anna, I, Joseph Peter next of kin (Name of child.) (Sex.) (Parent, guardian, or next of kin.) of Waplesville P. O., State of Pa, do hereby voluntarily consent and agree to 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. (Not less than 3.)

I further say that the said child was born at Waplesville Pa on May 29 1894; that the father, Peter C. C. C., a White Indian of the White Tribe located at Waplesville Pa Agency; that he left the tribe about 1890; that the mother, Anna C. C., a White Indian of the White Tribe located at Waplesville Pa Agency, and left the tribe about 1890; 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.

This 8 day of Sept, 1908

Two witnesses:
Louis A. DelKey Joseph Peters
George Lindner P. O., Waplesville Pa
 (Parent, guardian, or next of kin.)

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

Sworn to and subscribed before me this 8th day of Sept, 1908
Joseph Peters
 (Signature of applicant.) (Parent, guardian, or next of kin.)
Louis A. DelKey

(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, William R. Abbott, a practicing physician of Puconing
Mich, do hereby certify that I have carefully examined Lee Otto,
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 7 day of September, 1908, W R Abbott, M. D.

VOUCHER OF SOLICITOR FOR SCHOOL.

I hereby certify that I was present and witnessed the execution of the foregoing application
made by _____; that its contents were explained or interpreted to
(Parent, guardian, or next of kin.)
by _____; that I believe _____ understood the purport
(Name of interpreter.)
thereof; that I was present at the medical examination of the child named herein; that _____
resides with _____, in or near the town of _____;
(Name of person—parent, guardian, etc.)
that the child can not have adequate and proper educational facilities at home for the reason that

Dated at _____
this _____ day of _____, 190_____
(Official title.)

(NOTE.—This voucher must be executed by the official representative of the nonreservation school to which application
is made. Pupils and Indian solicitors will not be accepted.)

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_____
6-871

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 can not 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 exami-
(As soon after arrival as possible.)
nation of the physical condition of _____, the child named in
the foregoing 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 special 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 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.

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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CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 4017	ENGLISH NAME Lee Otto	AGENCY Mich. Ottawa	NATION
BAND	INDIAN NAME	HOME ADDRESS Jos. Peters Pincunning, Mich	
PARENTS LIVING OR DEAD FATHER: <i>Lee Otto</i> MOTHER: <i>Dead</i>	BLOOD <i>Full</i>	age <i>19</i>	HEIGHT <i>5' 10"</i>
		WEIGHT <i>147</i>	FORCED INSP. <i>36"</i>
			FORCED EXPR. <i>33"</i>
			SEX. <i>M</i>
ARRIVED AT SCHOOL <i>Sept. 16, 1908.</i>	FOR WHAT PERIOD <i>5 years.</i>	DATE DISCHARGED <i>Jan. 23, 1911</i>	CAUSE OF DISCHARGE <i>Deserted</i>
TO COUNTRY <i>10-3-'08</i> <i>3-1-'09</i>	PATRONS NAME AND ADDRESS <i>Ran</i> <i>Ran</i>		FROM COUNTRY <i>Ret'd 10-13-'08</i>

THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877

Months in school before Carlisle.

Grade entered at Carlisle, *7th*

Grade at date of Discharge,

Trade or Industry,

Church, *Methodist*

miles to sch.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Otto, Lee DATE 173 1908

AGE 19 YEARS } NEW } STUDENT. TRIBE Chippewa STATE Mich

DEGREE OF INDIAN BLOOD.....

INSPECTION Well developed.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE.....
RESP. MURMUR Normal

HEART SOUNDS.....

MENSURATION { INSP. 38
EXP. 33 3/4 RESPIRATION 20 PULSE 72

TEMPERATURE..... degs. HEIGHT 5 FT 9 1/2 IN. WEIGHT 164 LBS.

VISION 10/10 VACCINATION good - 11/23/08

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER.....			yes	Froze
MOTHER.....			yes	Stomach trouble
BROTHERS {			1	?
SISTERS {			2	Spinal meningitis

PERSONAL HISTORY: Good health

REMARKS:

Otto, Lee 3433
Deserter,

Ex-stu.

616

3433

NAME.

TRIBE.

PARENT OR GUARDIAN.

Lee Otto

Ottawa, Mich

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS.

Sept. 16, 1908.

Five Years.

19

Jos. Peters,
Pincanning, Mich

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

Jailor

Ep

Ep

216

Good

Fair

Deserter