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Original

BRIEF.

APPLICATION OF

John Weaselbear

FOR THE ENROLLMENT OF

John Weaselbear

IN THE INDIAN SCHOOL AT

Carlisle, Pa.

NAME OF AGENCY FROM WHICH PUPIL CAME:

Tongue River Agency, Lame Deer, Mont.

Date of enrollment, , 190

Term of enrollment, Three (3) 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 John Weaselbear; Male; date of birth 1890;

Northern Cheyenne
Tribe.

NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD
Frank Weaselbear	Living	Northern Chey.	Scabby	Full
Ka-hak-ka				
NAME OF MOTHER.				
Mary Weaselbear	Living	"	"	Full
Which-it-to				

I, John Weaselbear, do hereby voluntarily consent and agree to my

enrollment in said school for a period of Three years, and also obligate myself to abide by

Not less than 3.

all 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.				
2.				
3.				
4.				

John Weaselbear ^{his}
Parent, guardian, or next of ~~mark~~

P. O. address: Lamedeer,

Two witnesses:

Montana.

E. E. McGowan
Elmore Little Chief

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 30 day of Dec., 1908

Arthur G. Blackby
Physician at Longue Point 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 _____
Parent, guardian, or next of kin.
was voluntary, and I recommend the transfer of said child.

This _____ day of _____, 190

J. C. Daly
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.

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 to be used only in transfers from reservations or Indian schools to nonreservation schools.

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

Over.

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NUMBER 5818	ENGLISH NAME Jno. Heaselbear	AGENCY Tongue River	NATION N. Cheyenne
BAND Scabby	INDIAN NAME	HOME ADDRESS Frank Heaselbear, (Father.) Game Deer, Mont	
PARENTS LIVING OR DEAD Both L	BLOOD Full	AGE 19	HEIGHT 5' 7 3/4"
FATHER	MOTHER	WEIGHT 132 ²	FORCED INSP. 33 ²
ARRIVED AT SCHOOL Jan. 4, 1909	FOR WHAT PERIOD Three Years	DATE DISCHARGED Feb. 15, 1911	CAUSE OF DISCHARGE Failed to return
TO COUNTRY 10-16-'09	PATRON'S NAME AND ADDRESS On leave		FROM COUNTRY

THE SHAW-WALKER CO., MUSKIE, N. 79104

Months in school before Carlisle,

Grade entered at Carlisle, 1st.

Grade at date of Discharge,

Trade or Industry,

Church, Catholic

Father's Ind. name

Ka-hak-ka

Mother's Ind. name

Which it to

(Mary Heaselbear)

Brot by J. R. Eddy, Supt.
Tongue River

Dr. says extensive
skin eruptions.
miles to sch.

Weaselbear, John.	3436	Ex-stru.	
Agents file.			280
Physical Condition.			45
Father's file			1632
Arrival at Home (Burlington Route.)			2545
Correspondence			4178

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NAME AT CARLISLE

PRESENT NAME

John Weasel Bear

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NAME.

TRIBE.

PARENT OR GUARDIAN.

Jno. Heaselbear

N. Cheyenne

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS

Jan. 4, 1909.

Three Years.

19

(Father.)

Frank Heaselbear,
Lame Deer, Mont.

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop.

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct

July '09.

Tailor

Fair

Ex

332

Fair

Good

Deserter

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Weaselbear, John DATE 1/4 1909

AGE 18 YEARS { NEW { STUDENT. TRIBE Cheyenne STATE Mont.

DEGREE OF INDIAN BLOOD _____

INSPECTION Development fair - Small goiter

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

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

TEMPERATURE 98.2 degs. HEIGHT 5 FT 7 3/4 IN. WEIGHT 132 1/2 LBS.

VISION 10/10 VACCINATION 1/4/09

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>Yes</u>	<u>good</u>		
MOTHER	<u>Yes</u>	<u>good</u>		
BROTHERS {	<u>3</u>	<u>good</u>		
SISTERS {	<u>3</u>	<u>good</u>		

PERSONAL HISTORY: No history of serious illness.

REMARKS: Scabies all over body.

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:

CONDITIONS: