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THE SHAW-WALKER CO., MUSKIEGUN. 79104

Miles to school

3443

BRIEF.

Application of

Andrew Good Thunder

FOR THE ENROLLMENT OF

Benjamin Good Thunder

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Rosebud, S. D.

Date of enrollment, September, 1910

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 Benjamin Good Thunder ; male ; date of birth May 15, 1894
(Name of Child) (Sex)

Sioux

(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Andrew Good Thunder</u>	<u>L</u>	<u>Sioux</u>		<u>Full</u>
NAME OF MOTHER				
<u>Annie Good Thunder L</u>		<u>"</u>		<u>Full</u>

I, Andrew Thunder, do hereby voluntarily consent and agree to his 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
<u>1. Rosebud Boarding</u>	<u>1901</u>	<u>1904</u>		
<u>2. Black Pipe Pipe</u>	<u>1904</u>	<u>1910.</u>		
<u>3.</u>				
<u>4.</u>				

Andrew Good Thunder

(Parent, guardian, or next of kin)

P. O. address: Norris, S. D.

Two Witnesses:

Gau's Basileau

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 26th day of Aug., 1910

Samuel A Tate

Physician at Rosebud 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 Andrew Good Thunder
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of said child.

This 10th day of Sept., 1910

J B Woods

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



PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Good Thunder Ben DATE 9/20 1910

AGE 16 YEARS { NEW STUDENT. } ~~RETURNED~~ TRIBE Sioux STATE S. Dakota

DEGREE OF INDIAN BLOOD full

INSPECTION Good development.

PALPATION Good.

PERCUSSION Good.

AUSCULTATION { RESONANCE Good.
RESP. MURMUR Good.

HEART SOUNDS Normal.

MENSURATION { INSP. 32
EXP. 30 RESPIRATION 18 PULSE 72

TEMPERATURE 98 degs. HEIGHT 5 FT. 3 IN. WEIGHT 104 LBS.

VISION Good VACCINATION Good

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER			<u>yes</u>	<u>?</u>
BROTHERS {	<u>1</u>	<u>yes</u>	<u>good</u>	
	<u>1</u>		<u>yes</u>	<u>?</u>
SISTERS {	<u>1</u>	<u>yes</u>	<u>good</u>	
	<u>1</u>		<u>yes</u>	<u>?</u>

PERSONAL HISTORY: General Health Good.

REMARKS:

[illegible]

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Good Thunder Ben DATE 7/20 1910

AGE 16 YEARS { NEW STUDENT. TRIBE Sione STATE S. Dk.
RETURNED }

DEGREE OF INDIAN BLOOD Full

INSPECTION Good development

PALPATION Good

PERCUSSION Good

AUSCULTATION { RESONANCE Good
RESP. MURMUR Good

HEART SOUNDS Normal

MENSURATION { INSP. 92 RESPIRATION 18 PULSE 72
EXP. 30

TEMPERATURE 98 degs. HEIGHT 5 FT. 3 IN. WEIGHT 104 LBS.

VISION..... VACCINATION Good

FAMILY HISTORY:

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

PERSONAL HISTORY: General Health good

REMARKS:

3443

NAME.

Benjamin Goodthunder

TRIBE.

Sioux

PARENT OR GUARDIAN.

Andrew Goodthunder

DATE ENROLLED.

Sept. 16, 1910.

TERM.

Five years

AGE.

16

HOME ADDRESS

Norris, S. Dak.

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. 11 Nov.
(Sick sent home)

Good

Med. Fair
G G

NAME *Benjamin Good Thunder* Sex *Male.*
 Tribe *Boule Sioux* State *South Dakota* Date *Aug. 26, 1910.*
 Age *16* years Respiration *19* Condition of, Eyes *Good*
 Height *5* ft. *4* ins. Ears *Normal*
 Weight *105* lbs. Mensuration { Insp. *33*
 Exp. *30½*
 Temperature *99* Vaccination *Yes.* Throat *Normal*
 Pulse *80* Vision *Good.* Cervical glands *Very slight enlargement of 3 glands.*
 Skin *Normal*
 Inspection *Normal*
 Palpation *Normal*
 Percussion *Normal*

Auscultation *Normal*

Heart *Regular and sounds normal*
 (Menstruation)

FAMILY HISTORY.

	LIVING.	CONDITION OF HEALTH.	DEAD.	CAUSE OF DEATH.
Father	<i>1</i>	<i>Good</i>		
Mother	<i>1</i>	<i>Good</i>		
Brothers <i>2</i>	<i>1</i>	<i>Good</i>	<i>1</i>	
Sisters <i>2</i>	<i>1</i>	<i>Good</i>	<i>1</i>	

Personal history *Has gone to the Boarding School and to the Day School at Black Pipe.*

Present condition *Good*

Samuel A. Paki, M. D.

This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.

Name _____

Age *Sex* { Male.
Female. } *Tribes* { Full
I / } *Residence*

(On _____, 19____)

Department of the Interior.

Mr. M. FriedmanSupt. U. S. Indian SchoolCarlislePennsylvania

6-3305

3443 ✓
NameBenjamin Good Thunder

(Please give name by which enrolled and also present or married name.)

Tribe

Sioux

Present Address

Norris P.O.S. Dak

Former Address

(Address from which we heard from you last.)

Present Occupation

Stock Raising

Remarks:

Benjamin Good Thunder.

PRESENT NAME

Good Thunder, Ben. 3443 Ex-stu.

Fathers file

4610