

3452

BRIEF.

Application of

Angus M. Robertson

FOR THE ENROLLMENT OF

Walter Robertson

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

NAME OF AGENCY FROM WHICH PUPIL CAME:

Sisseton, S. D.

Date of enrollment, *July 24.*, 19*09*

Term of enrollment, *Three* (*3*) 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

Pennsylvania

of Walter Robertson; M.; date of birth July 16th 1893

(Name of Child)

(Sex)

Sisseton Sioux

(Tribe)

NAME OF FATHER (Both Indian and English)	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD
<u>Angus M. Robertson</u> <u>Oyatayammi</u>	<u>Living</u>	<u>Sioux</u>	<u>Sisseton & Wahpeton</u>	<u>1/8</u>
NAME OF MOTHER <u>Nancy Robertson</u> <u>Ta-o-Kiye</u>	<u>Living</u>	<u>Sioux</u>	<u>"</u>	<u>Full</u>

I, Angus M. Robertson, do hereby voluntarily consent and agree to Walter enrollment in said school for a period of 3 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>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
2.				
3.				
4.				

Sign (Parent, guardian, or next of kin)

P. O. address: Veblen

So. Dakota

Two Witnesses:

+
+
.....
.....

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed for transfer and find.....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..... day of....., 19.....

Physician at..... 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 Angus M. Robertson
(Parent, guardian, or next of kin.) was voluntary, and I recommend the transfer of said child.

This..... day of....., 19.....

S. O. Allen
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.



BRIEF.

Application of

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Date of enrollment, _____, 190

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

AFIDAVIT

I do hereby swear that the statements made in this application are true

Sworn to and subscribed before me this _____ day of _____ 190

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 _____, _____, of

_____, I, _____, of _____ P. O., State of _____, 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 _____ on _____; that the father, _____ a _____ Indian of the _____ Tribe located at _____ Agency; that he left the tribe about _____; that the mother, _____ a _____ Indian of the _____ Tribe located at _____ Agency, and left the tribe about _____; 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 _____ day of _____, 190

Two witnesses:

(Parent, guardian, or next of kin.)

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

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

Sworn to and subscribed before me this _____ day of _____, 190

(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, Earl V. Bobb, a practicing physician of Sixton S.W.

, do hereby certify that I have carefully examined Walter Robertson,
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 19 day of July, 1909 Earl V. Bobb, 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.

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CARLISLE INDIAN INDUSTRIAL SCHOOL

DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 5091	ENGLISH NAME Halt. Robertson	AGENCY Lisseton, S.D.	NATION Sioux					
BAND Father Mother	INDIAN NAME Ay-a te ya umi To-o ki ye	HOME ADDRESS Angus Robertson Vebler, S. D.						
PARENTS LIVING OR DEAD		BLOOD 1/2	AGE 16	HEIGHT 5' 9"	WEIGHT 124	FORCED INSP. 35	FORCED EPXR. 31 1/2	SEX. M.
FATHER, L	MOTHER, L	ARRIVED AT SCHOOL July 26, 1909		FOR WHAT PERIOD Three Years.	DATE DISCHARGED Feb. 8, 1911	CAUSE OF DISCHARGE Failed to return		
TO COUNTRY 6-22-10	PATRONS NAME AND ADDRESS On leave					FROM COUNTRY		

THE SHAW-WALKER CO., MUSKOGEE, 79104

Months in school before Carlisle

Grade entered at Carlisle, 5th

Grade at date of Discharge,

Trade or Industry,

Church, Episcopal

Mother is Full blood
Father is 1/2 blood

Prof by Mrs. Denny
Miles to sch.

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Robertson, Walter DATE 7/26 1909

AGE 16 YEARS NEW RETURNED STUDENT. TRIBE Sioux STATE S. Dak.

DEGREE OF INDIAN BLOOD 1/8

INSPECTION Hair development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 30
EXP. 3 1/2 RESPIRATION 18 PULSE 80

TEMPERATURE _____ degs. HEIGHT 5 FT. 9 IN. WEIGHT 124 LBS.

VISION 10/10 VACCINATION None - 7/26/09

FAMILY HISTORY: Revac. 8/31/09

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>Good</u>		
MOTHER	<u>yes</u>	<u>Good</u>		
BROTHERS {	<u>1</u>	<u>Good</u>		
SISTERS {	<u>3</u>	<u>Good</u>	<u>1</u>	<u>?</u>

PERSONAL HISTORY: Good health.

REMARKS:

HOSPITAL RECORD.....

Dotted lines for handwritten notes.

EXAMINATION FOR OUTING:

Table with header 'DATES:' and dotted lines for entries.

Table with header 'CONDITIONS:' and dotted lines for entries.

Record of Graduates and Returned Students,

3452

U. S. INDIAN SCHOOL, CARLISLE, PA.

4
NAME Walter Robertson Webber S. W June 7 1911.

1. Are you married and if so to whom?

2. What is your present address? Webber South Dakota

3. Did you attend or graduate from any other schools after leaving Carlisle? no Give names of schools and dates if possible

4. What is your present occupation? Farming

5. Tell something of your present home. I am staying at my fathers home.

6. What property in the way of land, stock, buildings, or money do you have? I have a team of horses

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?

None

9. Tell me anything else of interest connected with your life:

Urbain

Booming

to me by

of

TRADE RECORD, CARLISLE.

Jan. 1, 19¹⁰ to June 30, 19¹⁰.

PUPIL

Walter Robertson

TRADE

Blacksmith

ABILITY

Good

CONDUCT

Good

REMARKS

INSTRUCTOR

W. C. Shambaugh

Robertson, Walter 345² Ex-stu.
Correspondence

5014

NAME.

Halt. Robertson

TRIBE.

Sioux

PARENT OR GUARDIAN.

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS

Angus Robertson,
Rebber, S. 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. '10
July '107
8Good
ExV. Good
V. G.Cloth.
Office
smithGood
"V. Good
Good

25

V. G.
"V. G.
"

