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Record of Graduates and Returned Students,

U. S. INDIAN SCHOOL, CARLISLE, PA.

Dec. 19 1911.

NAME Alva Londrask

1. Are you married and if so to whom? No

2. What is your present address? Dakota City, Neb.

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? Carpentering

5. Tell something of your present home

6. What property in the way of land, stock, buildings, or money do you have? none

7. Have you been in the Indian Service? In what positions? How long in each? Have not

8. What other positions have you held since leaving Carlisle? None

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

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CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6218	ENGLISH NAME Aloa Condosh	AGENCY Winnebago	NATION Winnebago					
BAND Nebraska	INDIAN NAME	HOME ADDRESS Ashley Condosh Dakota City, Nebr.						
PARENTS LIVING OR DEAD		BLOOD 3/16	AGE 19	HEIGHT 5-10	WEIGHT 160	FORCED INSP. 38	FORCED EPKR. 35 ³ / ₄	SEX. M.
FATHER, <input checked="" type="checkbox"/>	MOTHER, <input checked="" type="checkbox"/>	ARRIVED AT SCHOOL 10-19-1910		FOR WHAT PERIOD Three years	DATE DISCHARGED July 27, '11	CAUSE OF DISCHARGE Failed to return		
TO COUNTRY 6-21-11	PATRONS NAME AND ADDRESS On leave					FROM COUNTRY		

THE SHAW-WALKER CO., MURKESH. 79104

Age before Carlisle, 81

Date entered at Carlisle,

Grade at date of Discharge,

Trade or Industry,

Church, Presbyterian

Miles to school - $\frac{1}{2}$

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5-192 a

APPLICATION OF

Alva Loudrosk

FOR THE ENROLLMENT OF

Self

IN THE INDIAN SCHOOL AT

Carlisle Pa

NAME OF AGENCY FROM WHICH PUPIL CAME:

Winnipeg Neb

Date of enrollment, _____, 191

Term of enrollment, _____ (*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 _____

of Carlisle Pa
Alva Loudrosch; m; date of birth Sept 12 1891
(Name of child.) (Sex.)
Winnebago
(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	LIVING OR DEAD.	TRIBE.	BAND.	DEGREE OF INDIAN BLOOD.
<u>Ashley Loudrosch</u>	<u>L</u>	<u>Winnebago nebr</u>		<u>3/8</u>
NAME OF MOTHER.				
<u>Dora Loudrosch</u>	<u>L</u>	<u>White</u>		

I, Alva Loudrosch, do hereby voluntarily consent and agree to my
(Parent, guardian, or next of kin.)
 enrollment in said school for a period of 3 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. <u>Public School Dakota city</u>	<u>1900</u>	<u>1904</u>	<u>-</u>	<u>9th</u>
2.				
3.				
4.				

Alva Loudrosch
(Parent, guardian, or next of kin.)

P. O. address: Dakota City
Nebraska

Two witnesses:

GOVERNMENT 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 13th day of October, 1910

H. N. Johnson
Physician at Winnebago Agency

RESERVATION BONDED SUPERINTENDENT'S CERTIFICATE.

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 Alva Sandrosch
(Parent, guardian, or self) was voluntary, and I recommend the transfer of the said child. The economic conditions of this pupil's home are (here state facts which will enable the Superintendent of the nonreservation school to give the pupil such instruction and training as may best prepare him to meet these conditions, if he is to return to them):

farming community

This _____ day of October, 1910

Alva Sandrosch

Superintendent.

NONRESERVATION SCHOOL PHYSICIAN'S CERTIFICATE.

I hereby certify that on _____, I made a careful examination of the physical condition of _____, the child named in the foregoing application, and found _____ to be _____

(As soon after arrival as possible.)

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 1910

Nonreservation School Physician.

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 shall be furnished with the original of this form for his files, and the duplicate shall be deposited in the office of the superintendent in charge of the reservation. The Reservation Superintendent 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.

If the information called for on any part of the blank is not known, that fact should be stated. No space should be left unfilled. Whether the parents are living or dead, their names must be given.

The person who signs the blank as consenting to the transfer should indicate his relation to the applicant by marking out the word "parent," "guardian," or "next of kin," leaving unmarked only the title appropriate to the signer. 6-870

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.)

That no Indian pupil under the age of fourteen years shall be transported at Government expense to any Indian school beyond the limits of the State or Territory in which the parents of such child reside or of the adjoining State or Territory. (35 Stat. L., 781.)

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; but in all cases where the parents are living they should first be consulted.

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

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PHYSICAL RECORD, CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Londrosk Alva DATE 2/10 1910

AGE 19 YEARS { NEW { STUDENT. TRIBE Win STATE Mo
RETURNED }

DEGREE OF INDIAN BLOOD 8

INSPECTION Good development

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Good

MENSURATION { INSP. 38 RESPIRATION 20 PULSE 88
EXP. 35-3/4

TEMPERATURE 98 degs. HEIGHT 5 FT 10 IN. WEIGHT 160 LBS.

VISION 4/6 VACCINATION Good scar

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>3</u>	<u>"</u>	
SISTERS {	<u>1</u>	<u>1</u>	<u>Good</u>	

PERSONAL HISTORY: Measles Diphtheria
General health Good

REMARKS:

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TRADE RECORD, CARLISLE.

PUPIL

Alva Landarosh

TRADE

Telegrapher

ABILITY

Medium

CONDUCT

Good

REMARKS

INSTRUCTOR

Will N. Miller

Loudrosch, Alva

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Mother's file, Mrs. A. Loudrosch

3363

Agent's file

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