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NAME.		0		TR	IBE.				ENT OR GU			6
Melv	ing	Cowla	es		Inei	da				Per	11.0	Powlas
DATE ENROLLED.			TERM	. ^			AGE.	HOM	AE ADDRES	S	10 01.	of the sales
Melv DATE ENPOLLED.	1,19	9/0	2	hree	yea	rs	17		A	2.2.2.	#2	West Depere Wis
	ACA	DEMIC DEPA	RTMENT.	INDU	STRIAL DEPA	ARTMENT.	1	DORMITO	RY.	OII	TING	SPECIAL DEMARKS
DATE OF RECORD	ROOM	Scholarship	Conduct	Shop.	Abiliter	L C. nduat	_	N1 4	10 1 1		1	- STECIAE REMARKS.
	NO.	Scholarship	Conduct.		Ability.		No.	Neatness	Conduct.	Ability.	Conduct	
Jan:11 Dee:11	4 (Par	Cf.	L	gd	gd		gd	v.gd			
July 1	42	Vogos_	Ex.	01	21	0		V	U			,
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5-192 a.

BRIEF.

API Peter A.	PLICATION	OF	9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
FOR THE ENROLLMENT OF							
1pt sp. p. 400 c.	na Powless		*				
Car	clisle, Pa	•	TO I STATE THE PERSON				
NAME OF AGE	NCY FROM WHICH	PUPIL CAME:					
Onei	ida, Wis.						
Date of enrollment,	Sept.	1910.	, 190				
Term of enrollment,	three	(_3) years.				
NAME (OF COLLECTING AC	GENT:					
Position,							

APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

f Malvina Powless (Name of child.)		; F. (Sex.	; dat	te of birth	1/31,	1893
Oneida (Tribe.)						
NAME OF FATHER. (Both Indian and English.)	LIVING OR DEAD.	TRIBE.		BAND.		DEGREE OF INDIAN BLOOD.
Peter A. Powless	L	Oneida		í Pa		
NAME OF MOTHER. Rebecca Powless	I	tt				
	a period of a for Indian se	(Not less than 3.)	years, an	nd also obliga	te mysel	f to abide b
enrollment in said school for all the rules and regulations	a period of a for Indian se	(Not less than 3.)	years, and thools:	nd also obliga	te mysel	f to abide by
enrollment in said school for all the rules and regulations The said child has been	for Indian seenrolled in th	(Not less than 3.) Chools. ne following so	years, and thools:	nd also obliga	te mysel	f to abide by
enrollment in said school for all the rules and regulations The said child has been and reschool. NAME OF SCHOOL.	a period of for Indian se	(Not less than 3.) chools. ne following so	chools:	nd also obliga	te mysel	f to abide by
enrollment in said school for all the rules and regulations The said child has been on NAME OF SCHOOL.	for Indian seenrolled in the	(Not less than 3.) chools. ne following so DATE OF DISCHARGE.	chools:	nd also obliga	te mysel	f to abide by
nrollment in said school for all the rules and regulations The said child has been and result of school. No. 1 day Flandreau	for Indian seenrolled in the	(Not less than 3.) Chools. The following so DATE OF DISCHARGE.	chools:	nd also obliga	te mysel	f to abide by
enrollment in said school for all the rules and regulations The said child has been on the said child has been on the school. NAME OF SCHOOL. NO. 1 day Flandreau	for Indian seenrolled in the	(Not less than 3.) Chools. The following so DATE OF DISCHARGE.	CA Exp. CA Exp.	nd also obliga	f Dow	f to abide b

PHYSICIAN'S CERTIFICATE.

I hereby certify that I have this day carefully examined the above-named child herein proposed

for transfer and find her to be in proper physical condition to attend	
with tuberculosis or any disease which would be a menace to the health of o	ther pupils.
This / 5 day of Sept , 1960	
- Jun-	owless MW
Physician at Oce	cida CV Agency.
CERTIFICATE OF AGENT OR BONDED SUPERINTENDEN	T.
I hereby certify that the statements made in the foregoing application are of my knowledge and belief, are true; that the consent of Rebecca was voluntary, and I recommend the transfer of the said child.	nd certificate, to the best Pawlus ardian, or next of kin.)
This 15 day of Defel , 1900	al maidales avail en l'
Joseph C.	Had- Igent or Superintendent.
CERTIFICATE OF SCHOOL PHYSICIAN	• • • • • • • • • • • • • • • • • • • •
I hereby certify that on, I	made a careful exami-
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 scho	ool.
This, 190	
	School Physician.
SPECIAL NOTE.	
This form must be executed in duplicate when a child is transferred from a reservation. The Superintendent of the nonreservation school will retain the original for his files, and the	n to a nonreservation school.

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.

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 <u>must</u> 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.)

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.

R.J.D. # J. W. De Pere Wis. PARENTS LIVING OR DEAD 10-1-1910 FROM COUNTRY TO COUNTRY THE SHAW-WALKER CO., MUSKEGUN. 79104 Months in school before Carlisle. 63 Grade entered at Carlisle, Grade at date of Discharge, Crade or Industry, Uhurch. Episcopal

PHYSICAL RECORD, 36 7/

NAME OF PUR	PIL POU	vless,	melo	ina	DATE /6/3 19 /	0
AGE / YEARS	New RETURNE	STUDENT.	TRIBE O	neda	-STATE Of is	
DEGREE OF IND	IAN BLOOD	复	1			
Inspection	Will	- devi	lofe	d		
PALPATION	non	nal	_			
PERCUSSION	nor	mas	2			
Auscultation .	RESONANCE	nom	al al	_		-
**	9					-
Mengupamon	INSP. 3	5		1_	PULSE 78 WEIGHT / 3 3 2 LBS	
MENSURATION	EXP. 3	2 Res	PIRATION	9	Pulse 6	
TEMPERATURE	77	degs. HEIGHT	FT	IN IN	WEIGHT / 7 ZLBS	
VISION	10	VA	CCINATION		Oct-3-191	, ,
MENSTRUATION .	no	VAC	ecination		Oct 3-191	
VISION	n	nuc	el.		······································	
MENSTRUATION . FAMILY HISTORY	: Livir	ng. Condition	n of Health.	Dead.	Cause of death.	
MENSTRUATION .	: Livir	ng. Condition	n of Health.	Dead.	······································	
MENSTRUATION . FAMILY HISTORY FATHER	Livin	nuc	n of Health.	Dead.	······································	
MENSTRUATION . FAMILY HISTORY FATHER	: Livir	ng. Condition	n of Health.	Dead.	······································	
MENSTRUATION . FAMILY HISTORY FATHER	Livin	ng. Condition	n of Health.	Dead.	······································	
MENSTRUATION FAMILY HISTORY FATHER MOTHER BROTHERS SISTERS	Livin	ng. Conditions of the conditio	n of Health.	Dead.	Cause of death.	
MENSTRUATION FAMILY HISTORY FATHER MOTHER BROTHERS SISTERS	Livin	ng. Condition	n of Health.	Dead.	Cause of death.	
MENSTRUATION FAMILY HISTORY FATHER MOTHER BROTHERS SISTERS	Livin	ng. Conditions of the conditio	n of Health.	Dead.	Cause of death.	

(over)

HOSPITAL RECORD	
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EXAMINATION	N FOR OUTING:
DATES:	Condition:
DATES: 3 - M - 1911	CONDITION:
	Good.
3-4-1911	9000.
3-4-1911	9000.
3-4-1911	9000.

399
REPORT OF Malvina Powlas
School, who went Oful, 1911 to live with Mus & W. Vandever
of lut /felle Canden
(Post Office)
New Just, Jut. Heller Railroad Station
Conduct Fater only - often pullen + duraguicher
Health Excellents
Ability Zord
Cleanliness
Economy Tark
Situation of Room 2 11
Condition of Room
Condition of Clothing "
Wages
Are careful accounts kept by patron?
Are careful accounts kept by pupil?
Number of days at school
Distance to school
Grade or quality of school
Name and address of teacher
Qualifications of teacher
In what grade was pupil at Carlisle? 4 "
In what grade is pupil at present?
Attends what church and Sunday school? Effice.
Distance to church 2 blogs.
Is there a Catholic church in locality?
Who compose patron's family? Let + hus U, dane - grown
What other help is employed? Col. man. Pannder but out.
Locality of home June
Home life and environments & allent -
Trade at school
Nature of work Men bouse would
Pupil's age /8 Experience 2 Ques

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil:

Name of Student Malvina Powlas Home Address P. a. Powlas - W. Klepere Tribe Orieida

Age at Entrance /7 Date of Entrance /0 - / - // Shop

Taxuan Age at Entrance / Date of Entrance / O - / - / O Shop July any sept och nos see Jan. Fil min ger may Juniverage Mrs. G. W. Van Derveus
Address
Mt Haly, M.J.
Recommended by Locality School Conduct School Ability Grade of Home Church Health Date of Outing 4-7-// Date Returned 4-/7-// Wages Earnings 3.50

REMARKS:

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR /9/2.

NAME Malvina Powlas.

AGE

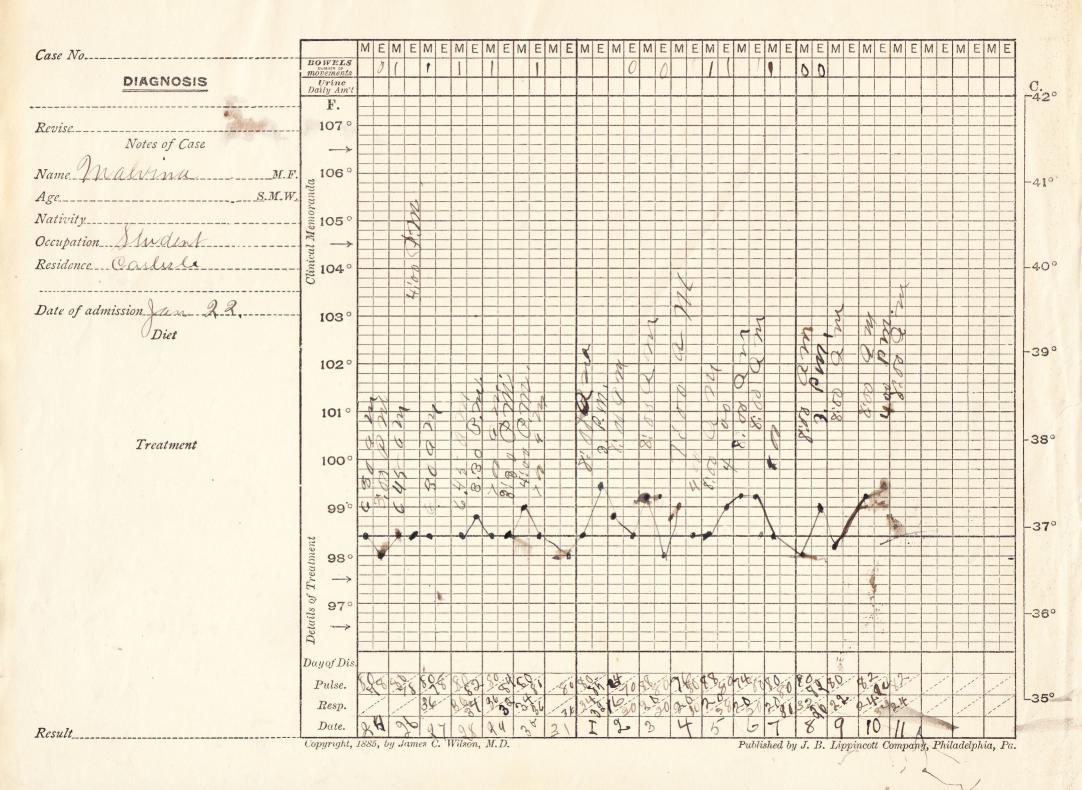
DIAGNOSIS Pulmonary Internets.

ADMITTED Jan 2.2 DISCHARGED afor. /// a

RESULT Sceatly Infrared Governour.

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:



"Y AND E" ROCH.

367/ REPORT AFTER LEAVING CARLISLE

Malvina Powlas

563757 3**M-2-II**

PRESENT NAME

DATE	INFORMATION THROUGH	ADDRESS	OCCUPATION	ITEMS OF INTEREST	GRADE
					,
		•			