

APPLICATION OF
Rattlers Medicine
FOR THE ENROLLMENT OF
David Paskineau
IN THE INDIAN SCHOOL AT
Carlisle
NAME OF AGENCY FROM WHICH PUPIL CAME:  Ft. Berthold Agency, N. D.
Date of enrollment,
NAME OF COLLECTING AGENT:
Position,

6-870

### 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 lst day of September , 1909.

Physician at Ft. Berthold 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 **Rattlers Medicine**(Parent, guardian, or next of kin.)

was voluntary, and I recommend the transfer of the said child.

This 1st day of September , 1909.

Charles W. Hoffman Superintendent.

#### CERTIFICATE OF SCHOOL PHYSICIAN.

I hereby certify that on(As soon after arrival as possible,)	., I made a careful exami-
nation of the physical condition of	
the foregoing application, and found to be	
I therefore recommend that the said child be enrolled in this s	school.
This, 190	
	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 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 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

### APPLICATION FOR ENROLLMENT IN A NONRESERVATION SCHOOL.

(For a child enrolled at an Agency.)

For and in consideration					
and maintenance in the Unite	ed States Ind	lian School a	t Carlisle		
Industrial School,	Carlisl	e, Pa.	***************************************		
of David -Packineau (Name of child.)		; -Mal	date of bir	th1893	<u> </u>
Grosventre.	-				
NAME OF FATHER, (Both Indian and English,)	Laving or Dead.	TRIBI	В.	AND.	DEGREE OF INDIAN BLOOD.
White Duck (Adopted	Living	Grosven	tre		Full
NAME OF MOTHER.	-				
Rattlers Medicine, (Adopted)		"			"
	for Indian se	three (Not less than 3.) phools.	years, and also o		gree to
NAME OF SCHOOL.	for Indian sonrolled in th	(Not less than 3.) chools.  the following s  DATE OF DISCHARGE.	years, and also o	bligate my	self to abide by
all the rules and regulations to	for Indian sonrolled in th	(Not less than 3.) shools. the following s	years, and also o		self to abide by
The said child has been e	for Indian sonrolled in th	(Not less than 3.) chools.  the following s  DATE OF DISCHARGE.	years, and also o	bligate my	self to abide by
The said child has been e  NAME OF SCHOOL.  Day School,  Elbowoods, N.D.,	for Indian sonrolled in th	(Not less than 3.) chools.  the following s  DATE OF DISCHARGE.	years, and also o	bligate my	self to abide by
The said child has been e  NAME OF SCHOOL.  Day School,  Elbowoods, N.D.,	for Indian sonrolled in th	(Not less than 3.) chools.  the following s  DATE OF DISCHARGE.	years, and also o	3rd	self to abide by
The said child has been e  NAME OF SCHOOL.  Day School,  Elbowoods, N.D.,	for Indian so mrolled in the DATE OF ENROLLMENT.	three (Not less than 3.) shools.  DATE OF DISCHARGE.	years, and also o	Jedica	self to abide by
The said child has been e  NAME OF SCHOOL.  Day School,  Elbowoods, N.D.,	for Indian so mrolled in the DATE OF ENROLLMENT.	three (Not less than 3.) shools.  DATE OF DISCHARGE.	caules (Parent, guardian, or note)	Jedica	self to abide by

### 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.  $_{6-870}$ 

alva B. Asmun, Relaware, n. G. H. Baker, Martin's Creek Ra. THE SHAW-WALKER CO., MUSKEGUN. 79104 Day Sch. Ellowoods, n. D. 02-09-31dgr. Grade entered at Carlisle, 3 Grade at date of Discharge, ..... Trade or Industry, ..... Miles to selv. 2

# 723 PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL	Pack	rinean Do	avid	DATE Sept, 28,19 0.9
AGE. LOYEARS R	NEW STU	JDENT. TRIBE. G.A.	as Tentre	STATE W. Llok.
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PERCUSSION			***************************************	
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		ejandi		Cause of death.
FATHER	get	0.000		
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BROTHERS				
C				
SISTERS				0
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PERSONAL HISTORY:	- 0	1	*:	1.
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REMARKS:	•			

HOSPITAL RECORD	
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***************************************	*
EXAMINATION	FOR OUTING:
DATES:	Condition:
DATES:	CONDITION:

# PHYSICAL RECORD, 37/2

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL	Packi	reare to	we	& DATE MARLY 19/0
AGE / 6 YEARS	NEW STURNED STU	JDENT. TRIBE	oVlen	ISTATE M. Pak
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PERCUSSION	non	mol	*******	***************************************
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HEART SOUNDS	0	norma	l	
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MENSURATION }	> > /	RESPIRATION	0	2 U PULSE 8 8
(1	_			
TEMPERATURE 7	degs.	HEIGHT 5 FT	2/1	N. WEIGHT /2 8 LBS.
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	10/10	Vaccination	,	
Vision	Living.		,	Cause of death.
Vision	Living.	Condition of Health.	,	
VISIONFAMILY HISTORY:	Living.	Condition of Health.	,	
VISION FAMILY HISTORY:	Living.	Condition of Health.	,	
VISIONFAMILY HISTORY:	Living.	Condition of Health.	,	
VISIONFAMILY HISTORY:	Living.	Condition of Health.	,	
VISIONFAMILY HISTORY:  FATHERMOTHERBROTHERS	Living.	Condition of Health.	,	
VISIONFAMILY HISTORY:	Living.	Condition of Health.	Dead.	
VISION	Living.  yes  3	Condition of Health.	,	
VISIONFAMILY HISTORY:  FATHERMOTHERBROTHERS	Living.  yes  3	Condition of Health.	Dead.	
VISION	Living.  yes  3	Condition of Health.	Dead.	
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VISION	Living.  yes  3	Condition of Health.	Dead.	

(over)

HOSPITAL RECORD	
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EXAMINATION	FOR OUTING:
DATES:	Condition:
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## Carlisle Indian School Hospital.

Age

Savid Pack mean

Sec.

	Diagnosis				
Admitted Wily 26	-//	Dia	scharge	ed	
Days in Infirmary			Resu	lt	
	E.	Resider	He Phys	La rician.	
				(over)	
	Date	Hr.	P.	R.	T.
	July 26	17.80 7.00 7.36	78		7 8 2 93 8
Will DIBT.	July 28	635	76		9 Y 9 Y
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## PUPIL'S HEALTH REPORT.

This blank is issued so that the school authorities may keep in touch with the health of the pupil. The patron is requested to fill this blank out on the first of MAY, JULY, SEPTEMBER, NOVEMBER, JANUARY, and MARCH, and send it to the school with
the outing report for the month.  Trospectville
Patron's name and address of 2h 2hrth, fa.
Pupil's name David Packeneau
General health of the pupil Isoval
n. 6
Has pupil been ill the past two months?
Name of disease
Name and address of the physician in attendance
5,2
7, 2,
Does the pupil have a cough?
For how long has he had it?
Give the pupil's weight
7. 8 ·
Has the pupil any trouble with the eyes?
Are the eyelids inflamed?
Remarks:
/ Girdh resno weight and
hel- liste
Muris supra mucaday
Just 18 com us. w.

In cases of serious illness, notify the school at once and have the physician in attendance send in a written report of the case.

pupil of Carlisle Indian to live with (Post Office) (County) Railroad Station (State) Conduct Health Ability Cleanliness Economy Situation of Room 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? In what grade is pupil at present?.... Attends what church and Sunday school? Distance to church Is there a Catholic church in locality? Who compose patron's family? What other help is employed? Locality of home Home life and environments Trade at school... Nature of work Pupil's age... Experience

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil: sain courses les to Carlise in the face to take Worth wisher a David ran from this home a few days after & I had been there. He has theen I located and returned to scho I don't think David is a me is Mr. Worth a hard man work for but for some reas along. I would not get return David tto blo from Teke him Worth refused of Dielley Outing agent.

REPORT OF Swid Va chineau pupil of Carlisle Indian
School, who went 8/3 1910 to live with Mrs. a.N. Baker
of Martins Oreck,
Pennselvania. Easton Pa Railroad Station
(State)
Conduct
Health Jovo
Ability
Cleanliness
Economy Book
Situation of Room Upper floor
Condition of Room
Condition of Clothing Fair
Wages 40 per month.
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 Grammar School
Name and address of teacher Marg aret lierce Marlino Ereck. Pa
Qualifications of teacher Nigh School graduate
In what grade was pupil at Carlisle? Ind grade
In what grade is pupil at present? 4th. grade
Attends what church and Sunday school? Methodist
Distance to church / Mile
Is there a Catholic church in locality? The No
Who compose patron's family? Three ladies
What other help is employed?
Locality of home an way from Believe to Martino Greek Home life and environments
itomic into dila civil omicina
Nature of work House wash and tending have and Two cows
Nature of work House wash and lending have and two cows
Pupil's age 17 Experience. One if Earl

Any general statement or wishes of patron or pupils, together with Agent's estimate of place, people, and pupil: It is Davids wish to come back to Carlise and take us a trade. He seemed N. Dickey

3712

### TRADE RECORD, CARLISLE.

PUPIL Dav	id Jackin	ou
TRADE	Blacksmin	<u> </u>
ABILITY	Good	
CONDUCT	( )	
REMARKS		
Instructor	(W & Shame	lough

Packineau, David agents file 

			and the									3711
NAME.	9	/		TRI	BE.	2	1	PAR	ENT OR GUA	RDIAN.		
DATE ENROLLED.	la	cheir	TERM.		leon	den	GE.	HON	AE ADDRESS	Rai	elle	rs' medicine,
Sept.	AME.  ALACADEMIC DEPARTMENT.  ACADEMIC DEPARTMENT.  ACADEMIC DEPARTMENT.  ROOM Scholarship Conduct.  Shop. Ability. Conduct.  Room No.  Room No.								voods, n.D.			
DATE OF RECORD	ACA	DEMIC DEPA	RTMENT.	INDOS	TRIAL DEPA	RTMENT.		DORMITORY.		OUTING		SPECIÁL REMARKS.
	NO.	Scholarship	Conduct.	Shop.	Ability.	Cenduct.	Room No.	Neatness	Conduct,	Ability.	Conduct.	
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NAME AT CARLISLE Havis Packing au

563757 3M-2-11

PRESENT NAME

INFORMATION THROUGH DATE ADDRESS OCCUPATION ITEMS OF INTEREST GRADE

Name of Student David Packineau Home Address Cloowoods, n. D. Tribe Fras Ventre														
	s E	Ci	20	w	na	de.	, n.	10	т	ribe &	000	Ven	tre	
Age at Entrance 16 Date of Entrance 9-24-09 Shop		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	ост.	NOV.	DEC.	TOTAL OR AVERAGE
Address  Address  Delaware, 7, 9.  Recommended by  Cocality  Locality  R. R. Station  Grade in School	Days in School													
Recommended by	Conduct				eg.	y	y	2	ej	10			ė	
	Ability				9.	4	y	2.9	ej					
Prof.	Health				9.	es	y	es	y					
Date of $4-6-10$ , Date Returned $5-3/-10$ Wages	Earnings			0.11	8	10.	10.	10.	10.					
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YAWMAN & ERBE MFG. CO., ROCHESTER, N. Y.														

### OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

		OUTIN	G RECORD -	- CARLISLE	INDU	STRI	ALS	снос	L								
Name of Student		Home Address  JAN. FEB. MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. AVERAGE															
Age at Entrance	Date of Entrance	Shop			JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	ост.	NOV.	DEC.	TOTAL OR AVERAGE
Patron	Locality			Days in School													
Address		R. R. Station															
Recommended by			Grade in School	Ability													
Grade of Home	Church			Health								4					
Date of Outing	Date Returned	Wage	s	Earnings													
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YAWMAN & ERBE MFG. CO., ROCHES	STER N. Y.						1 1 1									441037	3M. 4-09