

762

BRIEF.

APPLICATION OF

Luke Raboin

FOR THE ENROLLMENT OF

Allen Raboin

IN THE INDIAN SCHOOL AT

CARLISLE, PENNSYLVANIA

NAME OF AGENCY FROM WHICH PUPIL CAME:

Nez Perce, Idaho

Date of enrollment, *SEP 4 - 1907*, 190

Term of enrollment, (.....) 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 CARLISLE, PA.

of Allen Reboin ; date of birth age 12 ;
(Name of child.) (Sex)
Nez Perce
(Tribe.)

NAME OF FATHER. <small>(Both Indian and English.)</small>	Living or Dead	TRIBE	BAND	DEGREE OF INDIAN BLOOD.
<u>Luiki Reboin</u>	<u>living</u>			
<u>Mrs Reboin</u> <small>NAME OF MOTHER.</small>				

I, Mrs Mrs Reboin, do hereby voluntarily consent and agree to
(Parent, guardian, or next of kin.)

enrollment in said school for a period of _____ 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.
1.				
2.				
3.				
4.				

Mrs + Mrs Reboin
(Parent, guardian, or next of kin.)

P. O. address: Stites Idaho

Two witnesses:

Elizabeth Penney
Nancy Johnson

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 29 day of Aug, 1907

John W. Alley
Physician at Key Perce 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 Luke Raboin
(Parent, guardian, or next of kin.)
was voluntary, and I recommend the transfer of the said child.

This 30th day of August, 1907,

Oscar H. Lipps
Agent or Superintendent.

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.

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 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.

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

1-567 a

Department of the Interior.



Mr. M. Friedman

Supt. U. S. Indian School

Carlisle

Pennsylvania

6-3305

374d

Feb 4

1914

Name

Walter Saboin

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

Tribe

May Perce

Present Address

Stites Idaho

Former Address

Granoville Idaho

(Address from which we heard from you last.)

Present Occupation

Farming

Remarks:

3740

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 2829	ENGLISH NAME <i>Allen Reboin</i>	AGENCY <i>Nez Perce</i>	NATION <i>Nez Perce</i>					
BAND	INDIAN NAME	HOME ADDRESS <i>Lake Reboin</i>		<i>States Ida</i>				
PARENTS LIVING OR DEAD		BLOOD	AGE	HEIGHT	WEIGHT	FORCED INSP.	FORCED EXPR.	SEX.
FATHER: <i>L</i>	MOTHER: <i>L</i>	<i>Full</i>	<i>12</i>	<i>5</i>	<i>87</i>	<i>29</i>	<i>26 1/2</i>	<i>M</i>
ARRIVED AT SCHOOL <i>Sept 4 1907</i>	FOR WHAT PERIOD <i>5 years</i>		DATE DISCHARGED <i>June 26, 1912</i>		CAUSE OF DISCHARGE <i>Time out</i>			
TO COUNTRY	PATRONS NAME AND ADDRESS						FROM COUNTRY	
<i>4-7-08</i>	<i>Mrs. V. Sanders, Allen, R. 2, D#1, Pa.</i>						<i>10-31-08</i>	
<i>4-6-10</i>	<i>Orren B. Powell, Newton Sq., Pa.</i>						<i>8-31-10</i>	
<i>5-13-11</i>	<i>Mrs. H. F. Witmer, Besleys Point, N. J.</i>						<i>9-15-11</i>	
THE SHAW-WALKER CO., MUSKOGON-CHICAGO 33877								

Months in school before Carlisle, *24*

Grade entered at Carlisle, *4th*
5-

Grade at date of Discharge,

Trade or Industry,

Church, *Presby.*

Miles to sch. *1*

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Reboim Allen DATE Apr 2 1910

AGE 15 YEARS NEW RETURNED STUDENT. TRIBE Nez Perce STATE Idaho

DEGREE OF INDIAN BLOOD Full

INSPECTION Fair development - thin

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal
RESP. MURMUR Normal

HEART SOUNDS Normal

MENSURATION { INSP. 30 RESPIRATION 22 PULSE 68
EXP. 28

TEMPERATURE 98.6 degs. HEIGHT 5 FT 3 3/4 IN. WEIGHT 97 LBS.

VISION 10/10 VACCINATION Good

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	Yes	Good		
MOTHER	Yes	Good		
BROTHERS {	1	Good	2	1 Consumption
SISTERS {	1	Good	1	

PERSONAL HISTORY:

REMARKS:

4

Dec. 14-1908.

PHYSICAL EXAMINATION.

NAME OF PUPIL

Reborn Allen

AGE 13 YEARS

New Returned

STUDENT.

TRIBE

Nez Percé STATE Idaho

INSPECTION

Fair development

PALPATION

Normal

PERCUSSION

Normal - slightly higher

Tense on right side.

AUSCULTATION

Normal

MENSURATION

Insp. 30

Exp. 26

RESPIRATION

18

VACCINATION

11/11/08

good

TEMPERATURE

98.6

deg.

HEIGHT

5 FT. 1

IN.

VISION

10/10

PULSE

82

WEIGHT

89 1/2

LBS.

FAMILY HISTORY:

	Living	Condition of Health	Dead	Cause of death
FATHER	yes	good		
MOTHER	yes	good		
BROTHERS.	{ 1	good	1	Consumption
SISTERS.	{ 1	good	1	Consumption

PERSONAL HISTORY:

Has cough at present and had cough one month ago. Had cough three months slight. ^{at} Health fairly good. Has gained 4 lbs in past three months.

Examined for Outing

190

Physical Condition

Remarks:

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.

Patron's name and address *Mrs H F Helmer*

Pupil's name *Allen Robbin*

General health of the pupil *good*

Has pupil been ill the past two months? *No*

Name of disease

Name and address of the physician in attendance

Does the pupil have a cough? *No*

For how long has he had it?

Give the pupil's weight *112 pounds*

Has the pupil any trouble with the eyes? *No*

Are the eyelids inflamed? *No*

Remarks: *Allen is all to the good. Has given me no anxiety or trouble.*

Mrs H F Helmer
July first 1911.

Raboin, Allen

3740

Agent's file

822

Father's file

3635

Correspondence

7428

NAME. Reboin, Allen.		TRIBE. Nez Perce		PARENT OR GUARDIAN. Luke Reboin.	
DATE ENROLLED. Sept. 4, 1907.		TERM. 5 Years		AGE. 12	
				HOME ADDRESS. Stites, Ida.	

DATE OF RECORD	ACADEMIC DEPARTMENT.			INDUSTRIAL DEPARTMENT.			DORMITORY.			OUTING		SPECIAL REMARKS.
	ROOM NO.	Scholarship	Conduct.	Shop.	Ability.	Conduct.	Room No.	Neatness	Conduct	Ability.	Conduct	
Apr. '08	4 $\frac{1}{2}$	Good	Ex.									
Jan. '09	4 $\frac{1}{2}$	Medium	V. Good	House	Ex	Ex	18	Good	Ex	Good	Poor	
July '09	4 $\frac{1}{2}$	Good	V. Good	Gen.	V. Gd	Gd		V..	Good			
Jan. '10	4 $\frac{1}{2}$	Ex	Ex	Ord.	"	"	32	"	"			
July '10	5 $\frac{1}{2}$	Ex.	Ex.	Gen	Gd	V..		V. Gd	V. Gd	Gd	Ex	
Jan. '11	5	Good	Good	"	V. Gd.	V. Gd		G.	"			
July '11	6	Good	Good									
Dec. '11								V. g.	V. g.			

NO.

3740

United States Indian School Hospital,

Carlisle, Pennsylvania.

YEAR 1912

TRIBE

FULL. ONE

NAME Allen Rebain

AGE

DIAGNOSIS Rheumatism

ADMITTED Mar. 28, 1912.

DISCHARGED April 5.

RESULT Cured

VISITING PHYSICIAN:

RESIDENT PHYSICIAN:

A. P. Allen

Dr. Francis

REMARKS:

Patient Carlisle, Pa., *April 3*, 191... Physician

Address Nurse

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				1200	<i>Sord Sol.</i>	630	<i>Full</i>		
				200	" "	1200	"		
<i>4:00</i>	<i>98</i>	<i>70</i>	<i>34</i>	<i>400</i>	" "	<i>530</i>	"		
				<i>600</i>	" "				
<i>April 4</i>									
<i>730</i>	<i>98</i>	<i>70</i>	<i>32</i>			<i>630</i>	<i>Full</i>	<i>400</i>	<i>not here</i>
						<i>1200</i>	"		
						<i>530</i>	"		
<i>April 5</i>									
<i>700</i>	<i>98</i>	<i>70</i>	<i>32</i>			<i>630</i>	<i>Full</i>	<i>400</i>	<i>not here</i>
								<i>400</i>	<i>not here</i>

Patient Allen Reboin Carlisle, Pa., Mar, 31 1912 Physician Dr. Frazer
 Address _____ Nurse Eva Simon

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
7:00	98 ⁶	68	20	800	Sod Sal.	6:30	Coffee, cereal		
				1000	" "		gray bread &		
				1200	" "		butter		
4:00	98 ⁴	70	24	200	" "	12:20	7 ml		
				4:00	" "				
				6:00	" "	5:30	"		
				8:00	" "				
					W April 1				
7:00	98	74	36	800	Sod Sal	6:30	Soft.		
				10:00	" "				
				12:00	" "				
				5:00	" "				
4:00	98 ⁴	80	34	400	" "				
				6:00	" "				
					April 2				
7:30	98	70	34	800	Sod Sal.	6:30	Soft.		
				10:00	" "				
				2:00	" "				
4:00	98 ⁴	80	34	200	" "				
				4:00	" "				
				6:00	" "				

Patient Allen Reboin Carlisle, Pa., March 28, 1912 Physician Dr. Fralic
 Address Carlisle Indian School Nurse Eva, Simons.

H.	T.	P.	R.	H.	Medicine	H.	Nourishment	H.	Remarks
				6:00	Sod. Sal, gr. X	5:30	Tea		
				8:00	" " "	7:00	milk		
					Mar 29		!		
7:00	100	76	20	8:00	Sod Sal gr X	6:30	Tea milk		
				10:00	Sod Sal gr X		Coffee		
				12:00	" " "	12:00	Soup + milk		
				2:00	" " "	10:00	milk		
				4:00	" " "				
				6:00	" " "	5:30	milk + tea		
				8:00	" " "				
					Mar 30				
7:00	98	60	20	8:00	Sod Sal	11:30	Eggs + milk		
				10:00	" "	12:00	Soup, tomato potato, milk		
				12:00	Sod Sal		bread + butter		
						5:30	Tea, prunes potato bread + butter		

